

# ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

TO

## The County Council

OF

## NOTTINGHAMSHIRE,

### FOR THE YEAR 1925.

BY

**THOMAS E. HOLMES,**

M.A., M.D., B.C. (CANTAB.). D.P.H. (R.C.S.)

Fellow of the Royal Society of Medicine, and of the Royal Sanitary  
Institute.

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Nottingham

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PUBLIC HEALTH DEPARTMENT,  
THE SHIRE HALL,  
NOTTINGHAM.

August, 1926.

TO THE COUNTY COUNCIL OF NOTTINGHAMSHIRE,

MY LORDS AND GENTLEMEN,

I have the honour to present the Annual Report on the health of the Administrative County of Nottinghamshire for the year ended 31st December 1925, which the Ministry of Health, in Circular 648, require should be a survey report dealing comprehensively with the measure of progress in the improvement of the Public Health during the past five years, and the future organisation and development of Public Health Services.

During the past five years many changes have occurred in the County Public Health Department. The most notable feature as regards staff was the resignation of Dr. Handford in December 1923, his appointment as Consulting County Medical Officer from January 1924, and my own appointment in December 1924. The staff, medical, nursing and clerical, has been added to from time to time, and will, I am afraid, need further strengthening in the future.

Considerable additions have been made to the area of the County administered by the Maternity and Child Welfare Committee and are still continuing, one urban and one rural district being included towards the end of the present year.

A new development this year has been the approval by the County Council of the principle of joint appointments with District Councils, which has met with such success in other parts of the country, and I feel sure that it is along these lines that a closer co-operation between the District and County Council will be developed in all medical matters, whether School Medical Inspection, Infant Welfare or Tuberculosis.

River Pollution work has been actively resumed, a special sub-committee of the Public Health Committee appointed in July 1923, and a laboratory at the Shire Hall, fully equipped for water analysis, where samples are examined by my chief clerk and myself. It is clear that this work is

very necessary and involves frequent inspections and a not inconsiderable portion of time being allotted to laboratory work.

Orthopædic Treatment was commenced in 1924 by the provision of several out-patient clinics in the County under the management of the Nottingham Cripples' Guild. A fee of 2s. 6d. per attendance was paid by the Education Committee and the Maternity and Child Welfare Committee for the out-patient treatment of children attending county elementary schools and for those under five years of age in the area administered by the Maternity and Child Welfare Committee. This arrangement was subsequently substituted by a block grant to cover all treatment except appliances. In addition contributions are made to the cost of in-patient treatment according to the financial circumstances in each case. Limited in-patient treatment was at first available at Biddulph Orthopædic Hospital, and Coleshill, near Birmingham, and at a later stage a few beds were obtained at Gringley-on-the-Hill Hospital. The Biddulph Hospital unfortunately was closed in May 1925 and at the present time there is a proposal to build a small County Hospital School in Nottinghamshire, when sufficient funds are available, and to add to this—if possible—as occasion demands.

The extensive colliery developments on the western side of the County during the last few years are still continuing, and coal has already been raised at several new pits. Details of these developments are given in the Section on Housing and Town Planning on page 64.

Several Local Enquiries under the Public Health Act, 1875, for sanction to borrow loans for sewerage and water supply, (*vide* p.p 60-63) have been held within the last few years, and the number of these is not yet completed. The new schools necessitated by these developments have totalled 13, of which 10 are already built and occupied, and 3 are at present under construction. Accommodation is provided for 6,750 children.

During the year 1925 the Public Health staff has been increased by two whole-time Medical Officers, two Health Visitors, and one clerk.

The complete re-organisation of the Nursing Staff, which took effect on 1st October, 1925, involved the division of the County into twenty districts, in each of which one nurse carries out all the health visiting in connection with Child

Welfare, School Medical Inspection, and Tuberculosis. In a few instances (8 in all), 4 Nurses have been retained solely for school medical inspection, 2 for infant welfare and 2 for tuberculosis, for special reasons, so that the present arrangement may be described as a partially combined and partially separate system of health visiting.

The inspection of midwives is still undertaken by two whole-time inspectors, Miss Simmons and Miss Gough.

It is satisfactory to record that the re-organisation of duties only involved two changes of residence on the part of the nurses. It was necessary to arrange the areas on the existing staff, and although it is already evident that increased efficiency has been obtained, it is more clearly demonstrated that the present districts in some instances are too large and that the Nurses have more work than they can successfully cope with.

One Infant Welfare Centre, previously under the control of a Voluntary Committee, was taken over by the Maternity and Child Welfare Committee in October 1925.

The building of a new out-patient irrigation department was commenced at West Hill House towards the end of 1925 and was completed and occupied in June of this year.

A few lectures on the Health of the School Child, Care of the Teeth, and Tuberculosis, have again been given at Women's Institutes, Village Halls, etc., by the County Medical Staff, and have been well attended and much interest has been shown. Happily the requests for these addresses on medical subjects are increasing in number, and I am convinced that not only can much practical information be given in this way but that the participation by the County Medical Staff in the giving of such lectures will tend to inspire greater confidence and co-operation in the minds of those concerned.

The health of the County, as judged by the vital statistics circulated to the County Council in May, compares favourably with the rest of the country, but the general decline in the birth rate noticeable during recent years is a common experience of the whole country and cannot fail to give rise to much concern from a national point of view.

As regards future developments, the most pressing needs are the reduction in the areas now allotted to the Health Visitors doing combined health visiting, an increase in the



ante-natal supervision at all the County Welfare Centres, adequate provision for difficult maternity cases in suitable lying-in hospitals, and an increase in the number of certified midwives in rural county areas by the provision of more district nursing associations.

In conclusion, I desire to say how much I have been encouraged by the hearty support I have received throughout the year from the members of the Public Health and Maternity and Child Welfare Committees, and how much I am indebted to the whole of my staff for their efficient co-operation.

I have the honour to be,

Your obedient servant,

T. E. HOLMES,

*County Medical Officer.*

### VITAL STATISTICS, 1925.

			*Birth Rate.	*Death Rate.	†Infantile Mortality Rate.
England and Wales	..	..	18·3	12·2	75
105 County Boroughs and Towns					
including London	..	..	18·8	12·2	79
157 Smaller Towns	..	..	18·3	11·2	74
London	..	..	18·0	11·7	67
County of Nottinghamshire	..	..	20·1	11·6	77
Aggregate of Notts. Urban					
Districts	..	..	20·3	11·0	79
Aggregate of Notts. Rural					
Districts	..	..	19·8	12·5	74
Special Area for Child Welfare	..	..	18·6	12·2	68

\* Per 1000 population.

† Per 1000 births.



# ANNUAL REPORT.

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## COUNTY MEDICAL OFFICER'S STAFF.\*

### *Consulting County Medical Officer of Health—*

HENRY HANDFORD, M.D., Edin., F.R.C.P., Lond.  
D.P.H., Camb.

### *County Medical Officer and School Medical Officer—*

THOMAS EDWARD HOLMES, M.A., M.D., B.C., Cantab.,  
D.P.H., R.C.P.S., Lond.

### *Assistant to County Medical Officer—*

ARTHUR CHRISTOPHER TIBBITS, M.R.C.S. Eng., L.R.C.P.  
Lond., D.P.H. Oxon. Appointed February 3rd,  
1925.

### *Tuberculosis Officer—*

C. KINGSTON, M.R.C.S., Eng., L.R.C.P. Lond. D.P.H.  
Oxford.

### *Assistant Tuberculosis Officer and Assistant School Medical Officer—*

ARTHUR FREDERICK SEACOME, L.R.C.P., L.R.C.S.  
Edin., D.P.H. Liv.

### *Medical Officer for Maternity and Child Welfare and Superintendent Inspector of Midwives—*

MISS ROSE HUDSON, M.B., Ch.B., Glas., D.P.H., Edin.

### *Assistant Medical Officers for Maternity and Child Welfare and for School Medical Inspection—*

MISS EVELYN CHRISTINA McDONALD MCGREGOR, M.B.,  
Ch.B. Glas., D.P.H. Lond. Appointed June 1st,  
1923.

MISS ELSIE CATLOW, M.B., Ch.B. Man., B.Sc. Liv.  
Appointed, April 1st, 1925.

### *Medical Superintendent, Ransom Sanatorium—*

RICHARD R. S. WEATHERSON, M.B., Ch.B., Edin.

*Assistant Resident Medical Officer—*

GLADYS L. BUCKLEY, M.B., B.S. Lond. M.R.C.S.,  
L.R.C.P., Lond. Commenced October 4th, 1924.  
(Resigned, May 13, 1926).

MADGE W. HUBBLE, M.R.C.S., L.R.C.P. Commenced  
May 18th, 1926.

*Specialist Medical Officer for Venereal Diseases—*

JAMES CHARLES BUCKLEY, M.D., Vict. Ch.B., Hon.  
Specialist Physician for Venereal Diseases, Gen.  
Hosp., Nottingham.

*Assistant Specialist Medical Officer for Mansfield—*

ERNEST H. HOUFTON, M.D., Lond., M.R.C.S. (Resigned,  
April 30th, 1926).

NORMAN C. TWEEDIE, M.B., Ch.B.

*Specialist Medical Officer under the Cerebro-Spinal Fever Regulations, 1919—*

FRANK HARWOOD JACOB, M.D., Lond., F.R.C.P., Lond.  
Hon. Physician, Gen. Hosp., Nottingham.

*Inspectors of Midwives—*

†\*MISS H. F. SIMMONS

§††\*MISS HILDA SOPHIA GOUGH.

*Superintendent Health Visitors.*

†\*MISS E. R. BENNETT.

§††\*MISS I. M. RALPH.

*Health Visitors carrying out all duties under combined Scheme—*

†\*MISS CREASEY.

†\*MISS WHITAKER.

†\*MISS ALLEN. Commenced 4th May, 1925.

†\*MISS FIRTH.

†\*MRS. KING. Commenced 29th April, 1925.

†\*MISS DICKINSON. Resigned February, 1926.

†\*MRS. SLEIGH.

†\*MISS TAYLOR.

†\*MISS SMITH.

§†\*MISS SWINDELL. Resigned July, 1926.

°†\*MISS POXON.

*Health Visitors carrying out duties in connection with Maternity  
and Child Welfare and School Medical Service—*

§\*MISS SHIRLEY. Resigned May, 1926.

†\*MISS HALL.

†\*MISS MORBY. Commenced 24th August, 1925.

†\*MISS JEPSON.

†\*MISS ANDERSON.

§†\* MRS. BRATLEY.

*Health Visitors carrying out duties in connection with Tuberculosis Visiting and School Medical Service.*

†\*MISS COCKS.

*Health Visitors for Maternity and Child Welfare only.*

‡†MRS. RAWSON.

‡†\*MISS HORNE.

*Tuberculosis Health Visitors—*

\*MISS DOROTHY BAYLE.

†\*MISS MAY MASKELL GRAFTON.

§‡†\*MISS G. W. HICKSON. Resigned April 28th, 1925.

*Chief Clerk—*

S. TEMPLE BROWN, M.R.San.I.

*Assistant Clerks—*

‡W. L. RICHARDSON.

MISS D. WARSOP.

MISS G. FLATT.

J. ROBERTS.

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\* Hospital Trained Nurse.

† Certificate of the Central Midwives Board.

‡ Certificate of the Royal Sanitary Institute for Sanitary Inspectors.

§ Certificate of the Royal Sanitary Institute for Health Visitors.

o Certificate of the Sanitary Inspectors Examination Board.

NAMES AND ADDRESSES OF THE MEDICAL OFFICERS OF  
HEALTH OF THE 26 DISTRICTS INTO WHICH THE COUNTY  
IS DIVIDED.

BOROUGH AND URBAN DISTRICTS.

Districts.	Name of the Medical Officer of Health.	Address.
MANSFIELD (Borough)	.. J. E. Wilson, M.D., D.P.H.	.. Exchange Row, Mansfield.
NEWARK (Borough)	... W. Baxter, M.B., Ch.B., D.P.H.	.. Middle Gate, Newark.
EAST RETFORD (Borough)	.. Hanway R. Beale, M.D., Lond. D.P.H., Sheffield.	Bridgegate House, East Retford.
ARNOLD	... Harvey Francis, M.D.	.. Arnold, Nottingham.
BEESTON	.. C. Horne Warner M.D., B.Se. Lond.	.. Alma House, Southwell.
CARLTON	.. J. T. Knight, M.R.C.S.	Ivy Lodge, Carlton, Nottm.
EASTWOOD	.. H. M. Gillespie, M.B., Ch.B.	Eastwood, Notts.
HUCKNALL	.. W. Garstang, M.B. Ch.B., Viet.	.. Sherwood House, Hucknall, Nottm.
HUTHWAITE	.. Robt. Irvine, L.R.C.P.	Huthwaite, Mansfield.
KIRKBY-IN- ASHFIELD	.. M. E. Kayton, L.R.C.P., D.P.H.	.. Ashfield House, Annesley Woodhouse, Nottm.
MANSFIELD WOODHOUSE	.. Ernest H. Houfton, M.D., Lond., M.R.C.S. ( <i>Resigned April 30th, 1926.</i> ) N. C. L. Tweedie, M.B., Ch.B. ( <i>Temporary</i> ).	.. Bath House, Mansfield. Bath House, Mansfield.
SUTTON-IN- ASHFIELD	.. R. Nesbitt, L.R.C.S.I.	.. Ashfield House, Sutton-in- Ashfield, Nottingham.
WARSOP	.. H. W. Horan M.B., B.S., Durh.	.. Warsop, Notts.
WEST BRIDGFORD	Walter Hunter, M.D.	.. Bridgford Road, West Bridgford.
WORKSOP	.. T. C. Garrett, M.B., C.M. Glas	.. Newcastle Avenue, Worksop.



## RURAL DISTRICTS.

Districts.	Name of the Medical Officer of Health.	Address.
BASFORD	.. W. H. Parkinson, M.D., D.P.H.	.. Public Offices, Rock House Basford, Nottingham.
BINGHAM	.. O. B. Eaton, M.R.C.S., D.P.H.	.. Long Acre, Bingham, .. Nottingham.
WORKSOP	.. W. T. Wood, L.R.C.P.	The Laurels, Creswell, near Mansfield.
EAST RETFORD	.. Hanway R. Beale, M.D., Lond., D.P.H.	.. Bridgegate House, East Retford.
LEAKE	.. N. B. M. Blackham, L.R.C.P. & S., I.	.. 25, Victoria St., Loughboro'
MISTERTON	.. T. Elliott, M.B., Ch.B.	Springfields, Misterton.
NEWARK	.. W. Baxter, M.B., Ch.B., D.P.H.	.. Middle Gate, Newark.
SKEGBY	.. A. H. Wear, M.B., B.S., D.P.H.	.. 8, Union Street, Mansfield.
SOUTHWELL	.. W. Baxter, M.B., Ch.B., D.P.H.	.. Middle Gate, Newark.
STAPLEFORD	.. E. Kingsbury, B.A., M.D., Dublin.	.. High Street, Stapleford, Nottingham.
NOTTS. PARISHES, administered by		
SHARDLOW	.. Sydney Hunt, M.R.C.S.	Spondon, Derby.

## NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT. POPULATION.

Census, 1911	..	..	..	..	344,197
Census, 1921	..	..	..	..	378,525
Estimated 1925 (supplied to County Medical					

Officer by the Registrar-General) .. 393,400

The *natural* increase in population for the last 5 years, by excess of births over deaths, is given in the following table:

1921	..	..	4,774
1922	..	..	4,177
1923	..	..	3,763
1924	..	..	3,715
1925	..	..	3,373

Area in Statute acres (exclusive of water)	..	521,061
Number of Inhabited Houses	..	*83,211
Average number of persons per house	..	*4.5
Rateable Value of County	..	£2,074,432
Approximate product of a penny rate		£8,643 9s. 4d.

\* Census, 1921.

The net expenditure for all Public Health Services during the past 5 years is as follows :—

				£
TREATMENT OF TUBERCULOSIS	..	1920-21	..	3,951
			..	3,260
			..	4,598
			..	4,966
			..	6,885
CHILD WELFARE	..	1920-21	..	1,734
			..	1,857
			..	1,659
			..	2,110
			..	2,138
MIDWIVES ACT.	..	1920-21	..	533
			..	574
			..	599
			..	563
			..	547
VENEREAL DISEASES	..	1920-21	..	2,322
			..	1,064
			..	943
			..	855
			..	799

HEALTH & SANITATION .. ..	1920-21 ..	2,318
	1921-22 ..	2,251
	1922-23 ..	2,070
	1923-24 ..	1,954
	1924-25 ..	1,937
SCHOOL MEDICAL INSPECTION. ELEMENTARY.	1920-21 ..	3,757
	1921-22 ..	4,002
	1922-23 ..	3,437
	1923-24 ..	3,259
	1924-25 ..	3,347
SCHOOL MEDICAL INSPECTION. HIGHER. .. ..	1920-21 ..	100
	1921-22 ..	101
	1922-23 ..	102
	1923-24 ..	103
	1924-25 ..	102

The total rates for Medical Services have not exceeded 2·42d. in the £ in any year during the above period.

## GEOLOGICAL AND PHYSICAL FEATURES.

The County may be divided into two main areas physically, the Western and Central portion being undulating high ground, the Eastern portion low-lying flat country bordering the North-Easterly course of the River Trent.

The greatest elevation is at a point near Annesley, where a height of 614 feet is reached ; the lowest, in the North East of the County bordering the River Trent, where the height above sea level is little more than 14 feet.

The County may be said therefore roughly to fall from West to East and is drained in most of its extent by the River Trent or its tributaries, the principal being the River Erewash and the River Idle.

Geologically the County is situated on five main formations constituting five longitudinal strips of country, from West to East on Magnesian Limestone, Bunter Sandstone, Keuper Sandstone, Keuper Marl, and Alluvial Deposits.

The most southerly portion of the County is on the Lias Clay, a formation which renders the provision of suitable water supplies for this rural area very difficult.

In the South East of the County there occurs a narrow strip overlying the Coal Measures.

The County is not particularly well wooded except in its Central area.

## CHIEF OCCUPATIONS.

The main industries are Coal mining and Agriculture. The former is mainly confined to the Western part of the County North of Nottingham. Within recent years new Collieries have been established at Clipstone, Rainworth, Edwinstowe, Ollerton, Warsop, Langold, Harworth, and Bilsthorpe. Large colliery villages at several of these places are in course of construction—some quite advanced, others only just commenced. The Eastern and Southern part of the County is almost purely agricultural. Such industries as hosiery manufacture, engineering, lace, and brewing are situated around Nottingham on the Western side.

## VITAL STATISTICS.

### BIRTHS.

The number of live births registered in the County during 1925 amounted to 7,921 giving a rate of 20·1. The rate for England and Wales was 18·3.

The following are the details for the past five years :—

		Nottinghamshire.		England & Wales.	
		Births.	Birth Rate.	Birth Rate.	
1921	..	9,187	24·1	..	22·4
1922	..	8,316	21·5	..	20·6
1923	..	8,023	20·6	..	19·7
1924	..	8,085	20·6	..	18·8
1925	..	7,921	20·1	..	18·3

### STILL BIRTHS.

In accordance with the rules of the Central Midwives Board, notices of 131 still-births were sent to the Local Supervising Authority by certified midwives during the year.

The number of still births notified during the past five years is as follows :—

1921	..	..	147
1922	..	..	146
1923	..	..	120
1924	..	..	142
1925	..	..	131



The following Table shows the Birth Rate for 1925 and also the aggregate Birth Rates for the five year periods 1916-1920 and 1921-1925 :—

URBAN DISTRICTS.		1916-20.	1921-25.	1925.
Mansfield	..	.. 24·5	21·9	19·9
Newark	..	.. 20·2	19·9	19·0
East Retford	..	.. 20·4	22·1	19·8
Arnold	..	.. 19·4	21·0	19·7
Beeston	..	.. 19·0	19·8	18·7
Carlton	..	.. 20·9	22·3	19·1
Eastwood	..	.. 24·0	22·5	19·6
Hucknall	..	.. 24·6	23·2	21·8
Huthwaite	..	.. 24·4	22·7	21·3
Kirkby-in-Ashfield	..	.. 24·9	22·6	20·6
Mansfield Woodhouse	..	.. 27·6	25·7	21·5
Sutton-in-Ashfield	..	.. 24·4	23·8	21·5
Warsop	..	.. 31·2	26·8	26·8
West Bridgford	..	.. 11·9	11·5	10·7
Worksop	..	.. 24·1	24·7	23·8

RURAL DISTRICTS.				
Basford	..	.. 21·0	19·7	19·1
Bingham	..	.. 16·8	18·5	18·2
Worksop	..	.. 18·9	25·3	30·6
East Retford	..	.. 17·2	18·5	17·3
Leake	..	.. 15·2	18·0	16·1
Misterton	..	.. 22·0	19·4	14·5
Newark	..	.. 19·3	20·8	19·4
Skegby	..	.. 27·6	26·6	27·3
Southwell	..	.. 18·3	19·4	20·8
Stapleford	..	.. 20·3	19·7	18·1
Kingston and Ratcliffe	..	.. 12·9	12·9	12·5
<b>Aggregate Urban Districts</b>	..	.. 22·7	22·1	20·3
<b>Aggregate Rural Districts</b>	..	.. 19·8	20·1	19·8
<b>Aggregate Whole County</b>	..	.. 21·6	21·1	20·1

### ILLEGITIMATE BIRTHS.

In the whole County there were 375 illegitimate births or a proportion of 47·3 per 1,000 registered births.

The following are the figures for the past five years :—

			Number.	Rate per 1000 Births.
1921	..	..	403	43·8
1922	..	..	367	44·1
1923	..	..	336	41·9
1924	..	..	344	42·5
1925	..	..	375	47·3

In the Urban Districts there were 51·7 illegitimate births per 1,000 total births, and in the Rural Districts 45·9. This is an appreciable increase compared with the previous year.

THE NUMBER OF LEGITIMATE AND ILLEGITIMATE BIRTHS  
FOR EACH DISTRICT IN THE YEAR 1925.

URBAN DISTRICTS.	Births.	Legiti- mate.	Illegiti- mate.
Mansfield ... ..	936	904	32
Newark ... ..	319	299	20
East Retford ... ..	262	246	16
Arnold ... ..	242	231	11
Beeston ... ..	245	230	15
Carlton ... ..	370	348	22
Eastwood ... ..	106	99	7
Hucknall ... ..	384	374	10
Huthwaite ... ..	121	113	8
Kirkby-in-Ashfield ... ..	385	361	24
Mansfield Woodhouse ... ..	311	299	12
Sutton-in-Ashfield ... ..	534	504	30
Warsop ... ..	218	210	8
West Bridgford ... ..	139	133	6
Worksop ... ..	572	540	32
TOTAL OF URBAN DISTRICTS ...	5,144	4,891	253
RURAL DISTRICTS.			
Basford ... ..	855	825	30
Bingham ... ..	261	247	14
Worksop ... ..	182	175	7
East Retford ... ..	254	243	11
Leake ... ..	60	60	—
Misterton ... ..	60	57	3
Newark ... ..	174	163	11
Skegby ... ..	277	264	13
Southwell ... ..	436	412	24
Stapleford... ..	213	204	9
Kingston and Ratcliffe ... ..	5	5	—
TOTAL OF RURAL DISTRICTS ...	2,777	2,655	122

## DEATHS.

The number of deaths occurring in the County in 1925 amounted to 4,548, or 178 more than in 1924. The mortality rate was 11·6 per 1,000 of the population.

The principal causes of death as shown in Tables IV and V are Heart Disease, Diseases of the Respiratory System including Tuberculosis, and Cancer. As regards Heart Disease it is worthy of note that acute rheumatism is a very important factor in its causation and the recent Committee, set up by the Board of Education to investigate the causes and incidence of rheumatism in young children, may do much to educate public opinion when their findings become generally known and the necessity for prolonged care after an acute attack is more fully realised.

The number of deaths from Cancer in Nottinghamshire in 1925 was 485, from which it appears that out of every ten deaths in this County one is attributed to Cancer.

Much publicity has been deservedly given to the brilliant and probably far reaching discoveries of two British workers, Guy and Barnard, who contend that the causation of Cancer is dependent on two conditions, (1) a minute organism capable of passing through a very fine filter, (2) an unknown factor acting in a complementary rôle. It is suggested that cancer can only develop when both these conditions are present, and while these claims are being subjected to further research—which is by no means confined to this Country—our main weapons in combating this fatal disease are early diagnosis and prompt operative treatment.

Early diagnosis can only be secured by stressing the importance of immediate medical advice being sought when a person is conscious of any tumour, sore or disorder of function, and in this connection the Ministry of Health's Memoranda on Cancer of the Breast, giving the good results achieved by early operation, deserve bringing to the public notice on every possible occasion.

The following Table shows the aggregate Death Rates for the five year periods 1916-1920 and 1921-1925, and for the year 1925, together with the Death Rates of certain Districts corrected for Age and Sex Distribution.



URBAN DISTRICTS.		1916-20.	1921-25.	1925.	*Corrected Death Rates 1925.
Mansfield ..	..	12.1	9.9	9.2	10.1
Newark ..	..	15.1	12.6	13.3	12.7
East Retford ..	..	14.1	13.7	12.7	11.0
Arnold ..	..	14.1	11.2	11.9	11.8
Beeston ..	..	12.8	10.3	11.6	11.6
Carlton ..	..	12.2	10.2	10.9	11.2
Eastwood ..	..	15.0	11.4	12.9	—
Hucknall ..	..	14.7	11.4	12.1	12.0
Huthwaite ..	..	12.2	10.7	9.7	—
Kirkby-in-Ashfield ..	..	12.1	10.4	9.9	10.8
Mansfield Woodhouse ..	..	12.6	9.9	9.7	11.2
Sutton-in-Ashfield ..	..	13.5	11.4	11.7	12.7
Warsop ..	..	13.1	9.2	8.7	—
West Bridgford ..	..	9.2	10.2	11.6	11.0
Worksop ..	..	13.9	11.4	11.4	11.4
RURAL DISTRICTS.					
Basford ..	..	13.0	11.1	12.1	11.4
Bingham ..	..	14.9	12.0	12.1	9.2
Worksop ..	..	13.9	12.3	14.0	—
East Retford ..	..	13.8	12.2	12.8	10.0
Leake ..	..	14.6	11.0	13.7	—
Misterton ..	..	14.4	11.9	10.1	—
Newark ..	..	13.6	12.6	11.6	—
Skegby ..	..	12.9	11.9	13.4	—
Southwell ..	..	14.6	12.7	13.9	10.7
Stapleford ..	..	13.8	10.8	12.0	11.6
Kingston and Ratcliffe ..	..	7.2	6.9	5.0	—
<b>Aggregate Urban Districts</b> ..	..	13.0	10.8	11.0	—
<b>Aggregate Rural Districts</b> ..	..	13.7	11.8	12.5	—
<b>Aggregate Whole County</b> ..	..	13.2	11.2	11.6	—

\*It should be explained that the Death rate varies not only at different ages but in the two sexes, and consequently it is important to know not only the proportion of males to females but also the proportion of the population living at the different age periods. This was last ascertained at the Census of 1921.

It varies considerably between the Urban and Rural Districts, and, further, the proportions of the County of Nottinghamshire vary somewhat from those obtaining for the whole of England.

The Registrar General has supplied the necessary standardising 'factors' for the correction of these variations for each Urban and Rural District with a population of 10,000 or over.

The corrected rates show the death rates that would have occurred if the age and sex constitution of the County had been the same as for the whole of England.



The ' factors ' for making the corrections are as follows :—

Borough of Mansfield	..	..	1.100
„ Newark	..	..	0.911
„ Retford	..	..	0.866
Urban District of Arnold	..	..	0.990
„ Beeston	..	..	1.001
„ Carlton	..	..	1.032
„ Hucknall	..	..	0.989
„ Kirkby-in-Ashfield	..	..	1.081
„ Mansfield Woodhouse	..	..	1.148
„ Sutton-in-Ashfield	..	..	1.081
„ West Bridgford	..	..	0.946
„ Worksop	..	..	1.001
Rural District of Basford	..	..	0.944
„ Bingham	..	..	0.761
„ E. Retford	..	..	0.782
„ Southwell	..	..	0.775
„ Stapleford	..	..	0.962

### INFANT MORTALITY.

The following Table shows the Average Infant Mortality Rate for the five year periods 1916-1920 and 1921-1925 and for the year 1925.

URBAN DISTRICTS.			1916-20.	1921-25.	1925.
Mansfield	..	..	107	78	77
Newark	..	..	96	84	113
East Retford	..	..	81	92	84
Arnold	..	..	109	63	45
Beeston	..	..	89	75	82
Carlton	..	..	95	58	54
Eastwood	..	..	108	89	66
Hucknall	..	..	109	91	91
Huthwaite	..	..	103	95	149
Kirkby-in-Ashfield	..	..	91	96	83
Mansfield Woodhouse	..	..	111	96	84
Sutton-in-Ashfield	..	..	111	92	84
Warsop	..	..	104	75	83
West Bridgford	..	..	56	42	43
Worksop	..	..	83	83	66
RURAL DISTRICTS.					
Basford	..	..	88	77	78
Bingham	..	..	93	69	65
East Retford	..	..	61	48	24
Leake	..	..	66	61	50
Misterton	..	..	77	77	67
Newark	..	..	93	67	86
Skegby	..	..	92	97	90
Southwell	..	..	65	57	92
Stapleford	..	..	104	73	80
Kingston and Ratcliffe	..	..	40	133	—
Worksop	..	..	92	62	60
<b>Aggregate Urban Districts</b>	..	..	98	81	79
<b>Aggregate Rural Districts</b>	..	..	84	70	74
<b>Aggregate Whole County</b>	..	..	94	78	77

The question of Infant Mortality is fully discussed in the section of the Report dealing with Maternity and Child Welfare (pp 52-58).

## **INFECTIOUS DISEASE AND ISOLATION HOSPITALS.**

### **SMALL POX.**

The principal districts in which large numbers of cases of small-pox have occurred during 1925 are as follows:—Mansfield, Mansfield Woodhouse, Hucknall and Sutton-in-Ashfield. It has, in every case as far as I know, been possible to procure isolation hospital accommodation. The cases have been mainly accommodated at the following Small-pox Hospitals:—Hucknall, Kirkby, Nottingham City, Morton and Spittal Hospital under the North Derbyshire Hospital Board.

No deaths have been reported, but though in the main the disease has not varied in type from that seen during recent years, a few quite severe cases have been met with.

I have personally seen many cases before removal to hospital, and am both willing and anxious to place myself at the disposal of any Authority in the County requiring my services.

The epidemic has varied in intensity at different periods, and there is little doubt that some of the early and very slight cases that occur from time to time escape medical attention.

Successful vaccination still constitutes the only effective protection against small-pox.

**SMALL POX.**

The following table gives the number of cases which have been notified each year since 1895, and the number of deaths.

	SMALL POX.		
	Cases.	Deaths.	Case Fatality. per cent.
1895	4	...	...
1896	1	...	...
1897	...	...	...
1898	...	...	...
1899	...	...	...
1900	...	...	...
1901	6	1	16·6
1902	2	...	...
1903	183	8	4·37
1904	101	3	2·97
1905	92	3	3·25
1906	2	...	...
1907	...	...	...
1908	...	...	...
1909	...	...	...
1910	4	1	25·00
1911	...	...	...
1912	1	...	...
1913	...	...	...
1914	...	...	...
1915	...	...	...
1916	...	...	...
1917	1	...	...
1918	...	...	...
1919	...	...	...
1920	1	1	100·0
1921	3	..	..
1922	58	..	..
1923	396	...	...
1924	518	2	0·39
1925	585	..	..

**SCARLET FEVER AND DIPHTHERIA.**

Although Scarlet Fever and Diphtheria were more prevalent throughout England and Wales than in 1924, this is not borne out by the figures for Nottinghamshire.

No infection from milk supplies has been reported, and no serious epidemic has occurred in the County during the year. This is specially worthy of note when it is realised that there is a large area in the West of the County where the

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provision for the isolation of cases of Scarlet Fever, Diphtheria and Typhoid Fever is very inadequate. I reported fully on this matter to your Committee in the latter part of 1925 and a conference of Local Authorities was held at the Shire Hall, Nottingham in November of the same year. The Ministry of Health was represented by Dr. Jubb, and representatives of the following Authorities were also present :—

Mansfield.  
 Mansfield Woodhouse.  
 Kirkby-in-Ashfield.  
 Sutton-in-Ashfield.  
 Huthwaite.  
 Warsop.  
 Southwell.  
 Skegby.  
 East Retford Rural District.

The hospital accommodation in this area was fully considered, and it was resolved :—

(1) That a draft Scheme for the constitution of a Joint Hospital District be formulated, showing the Population and Rateable Value of the proposed constituent Areas, and the approximate proportionate cost to each District of the provision of the necessary accommodation, and that the same be submitted to the Councils of the areas concerned for their consideration.

(2) That this Conference stand adjourned to a date in 1926 to be fixed later, in order that the Local Authorities may have an opportunity of further considering the matter.

Detailed plans have been prepared by the County Architect which have been generally approved by the Ministry of Health, and submitted to the local Authorities concerned. A further conference is now pending.

I am not aware that any trial has been made in this County of the modern Dick and Schick tests for scarlet fever and diphtheria. The tests, used on a large scale in America, and more recently under trial in this Country, provide a ready means of ascertaining whether or not a person is immune to one or other disease by "vaccinating" the arm with an antitoxin. In the case of Scarlet Fever the antitoxin is also used as a curative agent. A reaction appears in the form of a transient redness in susceptible subjects.

I am glad to note that Dr. Parkinson, the Medical Officer of Health of the Basford Rural District Council, is considering these modern methods, which have clearly got beyond the experimental stage and I am hopeful that in future reports it may be possible to give some experiences of these tests in Nottinghamshire.



**Table I. NOTTINGHAMSHIRE. Vital Statistics for the Year 1925.**  
**BOROUGHES AND URBAN DISTRICTS.**

BOROUGHES AND URBAN DISTRICTS.	Area in Acres Exclusive of area covered by Water.	Persons per Acre.	Families or separate Occupiers at Census 1921.	Persons per Family at Census 1921.	Population Census 1921.	Population, to the middle of 1925.	Births.		Deaths under 1 year of age.		Nett Deaths at all Ages belonging to the Districts.	Nett Death Rate <i>i.e.</i> , Death Rate corrected for "Transferable" Deaths	Death Rate from Pulmonary Tuberculosis per 1000 of population.	Death Rate from ALL Tuberculous Diseases per 1000 of population.
							Number.	Rate.	Number.	Rate per 1000 Births Registered.				
MANSFIELD .. (Borough)	7,208	6.5	9,299	4.7	44,416	47,000	936	19.9	72	77	433	9.2	0.28	0.43
NEWARK .. (Borough)	1,899	8.9	4,039	4.1	16,958	16,820	319	19.0	36	113	234	13.3	0.77	1.13
EAST RETFORD (Borough)	4,498	2.9	3,202	4.1	13,414	13,190	262	19.8	22	84	168	12.7	0.76	1.06
ARNOLD ..	4,612	2.7	2,768	4.3	11,800	12,300	242	19.7	11	45	146	11.9	0.73	1.14
BEESTON ..	1,586	8.2	3,019	4.1	12,494	13,040	245	18.7	20	82	151	11.6	0.61	0.92
CARLTON ..	1,400	13.8	4,304	4.3	18,510	19,320	370	19.1	20	54	211	10.9	0.57	0.62
EASTWOOD ..	940	5.8	1,181	4.3	5,069	5,411	106	19.6	7	66	70	12.9	1.11	1.29
HUCKNALL ..	3,270	5.4	3,897	4.3	16,834	17,600	384	21.8	35	91	213	12.1	0.62	0.68
HUTHWAITE ..	1,199	4.7	1,137	4.8	5,478	5,667	121	21.3	18	149	55	9.7	0.88	1.23
KIRKBY-IN- ASHFIELD ..	5,814	3.2	3,539	4.9	17,237	18,700	385	20.6	32	83	186	9.9	0.37	0.37
MANSFIELD WOODHOUSE	4,834	3.0	2,688	5.0	13,477	14,480	311	21.5	26	84	141	9.7	0.76	0.97
SUTTON-IN- ASHFIELD ..	4,855	5.1	5,075	4.7	23,855	24,880	534	21.5	45	84	292	11.7	0.60	0.96
WARSOP ..	5,728	1.4	1,470	4.9	7,238	8,142	218	26.8	18	83	71	8.7	0.37	0.59
WEST BRIDGFORD ..	1,123	11.6	3,482	3.8	13,346	13,050	139	10.7	6	43	152	11.6	0.92	1.00
WORKSOP ..	17,930	1.3	5,066	4.4	23,206	24,000	572	23.8	38	66	274	11.4	0.67	0.79
Totals for Urban Districts ..	66,896	3.8	54,166	4.4	243,332	253,600	5,144	20.3	406	79	2,797	11.0	0.59	0.78



**Table II. NOTTINGHAMSHIRE. Vital Statistics for the Year 1925.**  
**RURAL DISTRICTS.**

RURAL DISTRICT.	Area in Acres, exclusive of area covered by water.	Persons per Acre.	Families or Separate Occupiers at Census 1921.	Persons per Family at Census 1921.	Population, Census 1921.	Population estimated to the middle of 1925.	Births.		Deaths under 1 year of age.		Nett Deaths at all ages belonging to the District.	Nett Death Rate, i.e., Death Rate corrected for "Transferable" Deaths.	Death Rate from Pulmonary Tuberculosis per 1000 of population.	Death Rate from all Tuberculous Diseases, per 1000 of population.
							Number.	Rate.	Number.	Rate per 1000 Births registered.				
BASFORD ..	61,868	0.72	9,826	4.4	43,361	44,700	855	19.1	67	78	539	12.1	0.47	0.60
BINGHAM ..	66,574	0.22	3,498	3.9	14,267	14,380	261	18.2	17	65	174	12.1	0.56	0.63
WORKSOP ..	28,208	0.22	1,164	4.3	5,070	5,939	182	30.6	11	60	83	14.0	0.84	1.00
EAST RETFORD	92,740	0.16	3,520	4.1	14,846	14,720	254	17.3	6	24	189	12.8	0.75	0.89
LEAKE ..	17,073	0.22	944	3.8	3,734	3,716	60	16.1	3	50	51	13.7	0.54	1.08
MISTERTON ..	14,268	0.29	1,022	4.0	4,112	4,152	60	14.5	4	67	42	10.1	0.24	0.48
NEWARK ..	36,619	0.24	2,119	4.1	8,743	8,958	174	19.4	15	86	104	11.6	0.56	0.56
SKEGBY ..	11,956	0.85	1,864	4.8	8,978	10,160	277	27.3	25	90	136	13.4	0.69	0.99
SOUTHWELL ..	117,638	0.18	4,962	4.0	20,157	20,930	436	20.8	40	92	290	13.9	0.67	0.81
STAPLEFORD ..	4,860	2.42	2,477	4.4	11,519	11,740	213	18.1	17	80	141	12.0	0.43	0.51
Notts. Parishes administered by SHARDLOW	2,360	0.17	83	4.3	400	399	5	12.5	—	—	2	5.0	—	—
SHIRE HALL ..	1	—	1	6.0	6	6	—	—	—	—	—	—	—	—
Totals for Rural Districts ..	454,165	0.3	31,480	4.20	135,193	139,800	2,777	19.8	205	74	1,751	12.5	0.57	0.71





TABLE III.

NOTTINGHAMSHIRE.

Vital Statistics for the Year 1925.

WHOLE ADMINISTRATIVE COUNTY.

	Area in Acres	Persons per Acre.	Families or Separate Occupiers at Census, 1921.	Persons per Family at Census, 1921.	Population, Census, 1921.	Estimated Population 1925.	Births.		Deaths under 1 year.		Nett Deaths.	* Nett Death Rate.	* Death Rate from Pulmonary Tuberculosis	* Death Rate from ALL Tuberculous Diseases.
							Number.	* Rate.	Number.	Rate per 1,000 Births.				
URBAN DISTRICTS	66,896	3·8	54,166	4·4	243,332	253,600	5,144	20·3	406	79	2,797	11·0	0·59	0·78
RURAL DISTRICTS	454,165	0·3	31,480	4·2	135,193	139,800	2,777	19·8	205	74	1,751	12·5	0·57	0·71
WHOLE ADMINISTRATIVE COUNTY.	521,061	0·75	85,646	4·4	378,525	393,400	7,921	20·1	611	77	4,548	11·6	0·58	0·75

\* Rate calculated per 1,000 of the estimated Population



TABLE IV.

Causes of Death during the year 1925.

URBAN DISTRICTS.

DISTRICTS.	Enteric Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza.	Encephalitis lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Cancer, Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage.	Heart Disease.	Arterio Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Diarrhoea, etc. (under 2 years).	Appendicitis & Typhlitis.	Cirrhosis of Liver.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other accidents and diseases of pregnancy and parturition.	Congenital debility and malformation, premature birth.	Suicide.	Other deaths from violence.	Other Defined Diseases.	Causes ill-defined or unknown.	All Causes.
MANSFIELD	...	...	...	4	...	3	14	2	...	13	7	40	2	2	29	56	7	40	54	2	3	1	1	3	9	3	2	28	2	12	90	4	433
NEWARK	...	1	...	...	5	2	6	1	...	13	6	20	...	4	15	38	7	17	20	3	1	2	3	1	3	...	...	16	2	8	40	...	234
EAST RETFORD	...	...	...	...	3	5	3	...	...	10	4	18	3	2	16	10	6	12	20	1	3	1	...	3	4	...	1	6	1	6	27	3	168
ARNOLD	...	...	...	1	...	...	...	...	...	9	5	19	1	1	10	21	6	12	17	6	...	6	...	...	5	...	1	2	1	4	16	3	146
BEESTON	...	...	...	8	...	1	1	...	...	8	4	15	...	1	14	12	13	13	19	3	1	3	...	...	2	...	...	7	...	3	21	...	151
CARLTON	...	...	...	4	...	...	4	1	...	11	1	23	...	2	16	22	4	14	26	2	1	2	...	...	4	1	2	8	3	8	42	10	211
EASTWOOD	...	...	...	5	1	...	2	...	...	6	1	8	...	...	6	6	...	4	5	1	1	1	...	...	2	...	...	4	1	3	13	...	70
HUCKNALL	...	...	...	3	...	...	5	...	...	11	1	20	1	1	6	29	6	14	19	2	1	6	1	...	4	...	3	17	3	6	54	...	213
HUTHWAITE	...	...	...	1	...	...	3	...	...	5	2	1	...	...	7	4	...	8	1	...	...	...	...	...	...	...	...	6	...	1	16	...	55
KIRKBY-IN-ASHFIELD	...	...	...	3	...	2	6	...	...	7	...	15	1	2	6	16	6	28	18	1	...	2	...	1	5	1	1	13	...	13	39	...	186
MANSFIELD WOODHOUSE	...	...	...	...	...	...	5	...	...	11	3	17	2	1	6	9	2	15	13	...	2	1	1	1	7	...	...	13	1	10	21	...	141
SUTTON-IN-ASHFIELD	...	1	...	3	...	8	11	...	...	15	9	24	...	...	21	22	3	27	30	2	1	10	...	3	6	...	...	19	2	13	56	6	292
WARSOP	...	...	...	1	...	...	2	2	...	3	1	8	...	1	4	6	2	2	9	1	...	1	1	...	3	...	...	11	...	3	10	...	71
WEST BRIDGFORD	...	1	...	...	...	...	2	1	...	12	1	16	...	4	17	26	7	5	11	2	3	...	2	...	...	...	...	6	2	4	29	1	152
WORKSOP	...	...	...	...	5	1	8	...	...	16	3	36	...	3	16	37	7	20	21	1	2	3	3	4	5	...	2	19	1	14	46	1	274
TOTAL	...	3	...	29	5	25	12	7	...	150	48	280	10	24	189	314	76	231	283	27	19	39	12	16	59	5	12	175	19	108	520	28	2,797





TABLE V.

## Causes of Death during the Year 1925.

## RURAL DISTRICTS.

DISTRICTS.	Enteric Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	Influenza	Encephalitis lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Cancer, Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage.	Heart Disease.	Arterio Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Diarrhoea, etc. (under 2 years).	Appendicitis & Typhlitis.	Cirrhosis of Liver.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other accidents and diseases of pregnancy and parturition.	Congenital Debility and Malformation, Premature Birth.	Suicide.	Other Deaths from Violence.	Other Defined Diseases.	Causes ill-defined or unknown.	All Causes.
BASFORD ...	1	...	7	...	3	1	22	3	...	21	6	47	...	6	34	63	5	41	59	8	5	3	...	...	6	...	2	27	6	23	131	9	539
BINGHAM ...	...	...	3	...	...	...	10	...	...	8	1	25	...	2	11	24	9	15	10	1	...	2	2	...	4	...	1	10	2	6	27	1	174
WORKSOP ...	...	...	...	...	...	...	5	...	...	5	1	9	...	...	4	5	3	3	11	1	...	...	...	...	2	1	...	7	2	5	19	...	83
EAST RETFORD ...	...	...	...	...	...	...	6	2	...	11	2	27	1	1	19	18	11	11	10	2	1	...	5	1	10	1	1	2	...	5	41	1	189
LEAKE ...	...	...	1	...	...	...	4	...	...	2	2	10	1	2	3	9	1	2	1	...	...	...	...	...	1	...	...	2	...	1	9	...	51
MISTERTON ...	...	...	1	1	...	...	1	...	...	1	1	7	...	...	5	4	...	5	2	...	...	1	...	...	2	...	...	3	...	1	7	...	42
NEWARK ...	...	...	...	...	1	...	6	1	1	5	...	11	1	1	8	11	1	5	8	1	1	...	2	1	5	...	1	7	...	7	19	...	104
SKEGBY ...	1	...	...	...	2	...	6	1	...	7	3	18	...	1	7	11	4	7	23	1	1	5	...	...	2	...	...	8	...	6	19	3	136
SOUTHWELL ...	...	...	...	...	2	...	14	1	...	14	3	32	...	2	19	37	13	27	13	...	2	3	1	...	6	2	4	25	...	3	64	3	290
STAPLEFORD ...	...	...	1	...	...	1	7	...	...	5	1	18	...	2	15	20	1	12	12	1	1	...	...	...	5	...	...	10	...	6	22	1	141
Notts, Parishes administered by SHARDLOW ...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
TOTAL ...	2	...	13	1	8	2	81	8	1	79	20	205	3	17	125	203	48	128	149	15	11	14	10	2	43	4	9	101	10	63	358	18	1,751





TABLE VI. Causes of Death at Different Periods of Life in the Administrative County of Nottingham, 1925.

CAUSES OF DEATH.	Sex	AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS.									
		All Ages	0—	1—	2—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	2—	5—	15—	25—	45—	65—	75—
ALL CAUSES ...	M	1484	242	50	32	37	68	165	377	272	241	901	107	21	14	20	35	78	186	201	239
	F	1313	164	52	36	52	61	150	304	230	264	850	98	14	14	21	34	83	183	167	236
Enteric Fever ...	M	1	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	1	...	...
	F	2	...	...	...	1	...	...	1	...	...	1	...	...	...	...	1	...	...	...	...
Small Pox ...	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	M	12	4	5	2	1	...	...	...	...	...	6	1	2	1	2	...	...	...	...	...
	F	17	3	5	8	1	...	...	...	...	...	7	1	1	2	2	1	...	...	...	...
Scarlet Fever ...	M	2	...	...	1	1	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...
	F	3	...	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	M	8	6	1	1	...	...	...	...	...	...	3	2	...	1	...	...	...	...	...	...
	F	17	10	5	2	...	...	...	...	...	...	5	4	1	...	...	...	...	...	...	...
Diphtheria ...	M	6	...	1	...	4	...	...	...	1	...	2	...	1	1	...	...	...	...	...	...
	F	6	...	...	2	3	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Influenza ...	M	36	...	...	...	...	1	6	21	4	4	47	1	1	...	...	...	7	13	13	12
	F	36	1	...	2	...	2	8	9	8	6	34	1	...	2	1	3	1	8	8	10
Encephalitis lethargica ...	M	6	...	...	1	1	...	2	2	...	...	3	...	...	...	...	...	3	...	...	...
	F	1	...	...	...	...	...	...	1	...	...	5	...	...	...	...	1	3	1	...	...
Meningococcal meningitis	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...
Tuberculosis of Respiratory system ...	M	75	...	...	...	...	14	35	22	4	...	36	...	1	1	1	5	15	12	...	1
	F	75	...	...	1	5	26	29	11	2	1	43	1	...	1	...	14	16	11	...	...
Other tuberculous diseases	M	23	4	1	5	3	7	2	1	...	...	11	1	3	2	3	...	2	2	...	...
	F	25	2	4	2	6	5	4	...	2	...	9	2	2	...	1	1	2	1	...	...
Cancer, malignant disease ...	M	131	...	1	...	...	2	11	55	42	20	101	1	...	...	...	...	4	38	36	22
	F	149	...	...	...	...	2	18	81	33	15	104	...	...	...	1	...	12	36	38	17
Rheumatic Fever ...	M	5	...	...	...	...	4	...	...	1	...	1	...	...	...	...	...	...	1	...	...
	F	5	...	...	...	1	1	...	2	1	...	2	...	...	...	...	1	...	1	...	...
Diabetes ...	M	11	...	...	...	...	1	...	5	2	3	7	...	...	...	...	...	2	1	3	1
	F	13	...	...	...	...	...	1	5	5	2	10	...	...	...	...	1	3	...	5	1
Cerebral hæmorrhage, &c....	M	100	...	...	...	...	...	3	35	36	26	60	...	...	...	...	...	2	12	21	30
	F	39	...	...	...	...	...	1	28	33	27	65	...	...	...	...	...	2	18	42	25
Heart disease ...	M	154	...	...	...	1	5	11	66	41	30	95	...	...	...	2	...	6	37	28	38
	F	160	...	...	...	4	3	12	65	42	34	108	...	...	...	2	1	2	4	12	12
Arterio-sclerosis ...	M	47	...	...	...	...	...	...	5	24	18	28	...	...	...	...	...	...	5	6	9
	F	29	...	...	...	...	...	...	1	11	17	20	...	...	...	...	...	4	5	16	29
Bronchitis ...	M	128	15	2	1	...	...	3	19	44	44	62	7	1	...	...	...	4	7	18	38
	F	103	9	6	1	2	...	...	15	27	43	66	2	...	...	1	...	...	7	10	8
Pneumonia (all forms) ...	M	163	48	18	12	4	5	23	31	15	7	82	19	8	4	3	4	8	18	10	8
	F	120	35	16	5	10	4	12	16	14	8	67	13	8	5	3	1	9	13	7	8
Other respiratory diseases	M	18	...	1	...	...	...	2	7	5	3	9	...	1	...	...	...	3	3	2	3
	F	9	...	...	...	...	...	1	2	2	4	6	...	...	...	1	...	1	1	...	...
Ulcer of stomach or duodenum ...	M	17	...	...	...	...	...	9	8	...	...	8	...	...	...	...	2	1	1	1	...
	F	2	...	...	...	...	...	1	1	...	...	3	...	...	...	...	...	1	1	1	...
Diarrhœa, &c. ...	M	26	16	10	...	...	...	...	...	...	...	7	5	...	...	...	...	...	1	1	2
	F	22	9	4	2	...	1	3	2	...	1	15	8	1	...	2	...	...	1	1	...
Appendicitis and typhlitis	M	5	...	...	...	2	...	...	2	1	...	8	...	...	...	2	1	...	5	...	...
	F	7	...	...	...	3	...	1	1	1	1	2	...	...	...	...	...	1	...	1	...
Cirrhosis of Liver ...	M	9	...	...	...	...	...	...	3	5	1	1	...	...	...	...	...	...	1	...	...
	F	7	...	...	...	...	...	1	4	1	1	1	...	...	...	...	...	1	...	...	...
Acute and chronic nephritis	M	26	1	1	...	1	...	4	12	5	2	25	1	...	1	1	1	4	8	4	5
	F	33	...	1	...	3	2	7	12	6	2	18	...	...	...	...	...	3	8	7	...
Puerperal sepsis ...	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F	5	...	...	...	...	...	5	...	...	...	4	...	...	...	...	1	3	...	...	...
Other accidents and diseases of pregnancy & parturition	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F	12	...	...	...	...	4	8	...	...	...	9	...	...	...	...	...	9	...	...	...
Congenital debility, &c. ...	M	107	105	...	...	1	...	1	...	...	...	52	52	...	...	...	...	...	...	...	...
	F	68	67	...	1	...	...	...	...	...	...	49	49	...	...	...	...	...	...	...	...
Suicide ...	M	16	...	...	...	...	1	1	11	3	...	7	...	...	...	...	2	2	2	1	...
	F	3	...	...	...	...	...	2	1	...	...	3	...	...	...	...	...	...	2	...	1
Other deaths from violence	M	83	2	2	4	9	17	22	19	3	5	46	...	...	2	3	10	12	14	4	1
	F	25	...	3	5	4	...	4	3	2	4	17	2	...	...	3	2	1	2	3	4
Other defined diseases ...	M	253	40	7	4	9	11	27	44	34	77	184	17	1	1	3	8	6	25	34	89
	F	258	28	6	4	8	11	30	37	37	97	166	14	1	4	4	6	11	33	20	73
Causes ill-defined or unknown ...	M	16	1	...	1	...	...	2	9	2	1	8	...	1	...	...	...	2	5	...	...
	F	12	...	1	...	...	...	2	5	3	1	10	1	...	...	...	3	2	2	2	2





**TABLE VII. NOTTINGHAMSHIRE. Abstract of Vital Statistics.**

Year.	Estimated Population at the <i>middle</i> of the year.	Excess of Births over Deaths.	Persons per Acre.	Separate Families.	Persons per Family.	Registered Births.	Births per 1,000 of the Population.	Deaths under 1 year per 1,000 Births.	Nett Deaths.	Nett Death Rate per 1,000 of the Population.
1891	232,776	4067	·44	49,186	4·7	8202	35·2	138	4135	17·7
1892	236,770	3956	·46	...	...	8007	33·9	147	4051	16·7
1893	240,026	3862	·46	...	...	7949	33·1	141	4087	17·0
1894	243,965	4162	·47	...	...	7747	31·7	130	3585	14·7
1895	248,060	3938	·48	...	...	8066	32·5	154	4128	16·6
1896	252,282	4167	·49	...	...	8154	32·3	138	3987	15·8
1897	256,667	4071	·50	...	...	8186	31·8	152	4115	16·0
1898	261,224	3930	·50	...	...	8117	31·0	151	4187	16·0
1899	265,952	3891	·51	...	...	8266	31·0	161	4375	16·4
1900	270,862	3675	·52	...	...	8292	30·6	160	4617	17·0
1901	275,971	4497	·53	59,114	4·6	8636	31·3	145	4139	14·9
1902	282,563	4804	·54	...	...	8920	31·5	138	4116	14·5
1903	289,001	4926	·55	...	...	9072	31·3	134	4146	13·9
1904	295,586	5086	·56	...	...	9379	31·7	139	4293	14·1
1905	302,321	4389	·57	...	...	8880	29·3	126	4491	14·8
1906	309,209	4849	·59	...	...	9088	29·3	121	4239	13·7
1907	316,355	4412	·60	...	...	8962	28·3	127	4550	14·3
1908	323,461	5358	·62	...	...	9818	30·3	119	4460	13·7
1909	330,831	5316	·63	...	...	9740	29·4	106	4424	13·3
1910	338,937	5223	·64	...	...	9554	28·2	110	4331	12·7
1911	345,930	4903	·66	76,236	4·5	9453	27·3	125	4550	13·1
1912	355,046	5007	·68	...	...	9213	25·9	93	4206	11·8
1913	362,307	4934	·69	...	...	9369	25·8	101	4435	12·2
1914	367,617	4845	·70	...	...	9541	25·9	107	4696	12·7
1915	353,193	3775	·67	...	...	8843	25·0	112	5068	14·3
1916	344,501	4126	·66	...	...	8567	22·8	95	4441	12·8
1917	344,822	3372	·66	...	...	7589	19·7	95	4217	12·2
1918	339,456	1725	·65	...	...	7742	20·3	100	6017	17·7
1919	366,331	2948	·70	...	...	7507	19·6	95	4559	12·4
1920	380,928	5667	·73	...	...	9836	25·8	85	4169	10·9
1921	381,969	4774	·73	85,646	4·4	9187	24·1	86	4413	11·5
1922	386,130	4177	·74	...	...	8316	21·5	69	4139	10·7
1923	388,019	3763	·74	...	...	8023	20·6	77	4260	11·0
1924	391,700	3715	·75	...	...	8085	20·6	79	4370	11·2
1925	393,400	3373	·75	...	...	7921	20·1	77	4548	11·6
For comparison—										
1925	England and Wales	...	...	...	...	...	18·3	75	...	12·2
	105 County Boroughs and Great Towns including London	..	...	...	...	...	18·8	79	...	12·2
	157 Smaller Towns	...	...	...	...	...	18·3	74	...	11·2
	LONDON	...	...	...	...	...	18·0	67	...	11·7



# INFECTIOUS DISEASES.

TABLE VIII.

NOTTINGHAMSHIRE.

Cases of Infectious Disease notified during the Year 1925;

BOROUGHES AND URBAN DISTRICTS.

BOROUGHES AND URBAN DISTRICTS.	Small Pox.	Diphtheria (including Membranous Group).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Fever.	Cerebro-Spinal Fever.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Chicken Pox.	Dysentery.	Trench Fever.	Pneumonia.	Malaria.	Whooping Cough.	Acute Poliomyelitis.	Acute Polioencephalitis.	TOTAL.	Whether there is any Isolation Hospital for Infectious Diseases ?	Total available Beds.	Number of Diseases that can be concurrently treated.
MANSFIELD (Borough) ...	142	30	15	98	4	3	...	6	7	62	12	388	...	...	42	...	...	...	...	309	Yes	{ 18 16 12 4	Small Pox Scarlet Fever Diphtheria Other Cases
NEWARK (Borough) ...	...	10	2	18	...	...	...	...	6	33	4	251	...	...	3	...	25	...	...	352	Yes	{ 32	Scarlet Fever Diphtheria Small Pox
EAST RETFORD (Borough) ...	1	16	12	10	...	...	...	...	...	18	8	24	...	...	38	6	...	...	...	133	Yes	{ 14 8	{ Scarlet Fever Diphtheria Small Pox
ARNOLD ...	...	4	...	38	...	1	...	...	...	12	4	...	...	...	16	...	...	...	...	75	* ‡	...	...
BEESTON ...	...	12	2	4	1	...	...	...	2	19	3	44	...	...	5	...	...	...	...	92	* ‡	...	...
CARLTON ...	...	11	8	69	...	1	...	2	1	25	5	...	...	...	47	...	...	...	...	169	* ‡	...	...
EASTWOOD ...	...	2	1	30	...	...	...	...	...	4	1	...	...	...	1	...	...	...	...	39	‡	...	...
HUCKNALL ...	120	3	6	19	...	2	...	2	2	25	5	104	...	...	38	...	...	...	...	326	‡ Yes	42	Small Pox
HUTHWAITE ...	18	1	...	7	...	...	1	...	...	3	1	...	...	...	...	...	...	...	...	31	Yes	12	Small Pox
KIRKBY-IN- ASHFIELD ...	14	6	19	14	1	1	...	...	...	13	6	201	...	...	35	...	...	...	...	310	‡ Yes	22	Small Pox
MANSFIELD WOODHOUSE ...	156	2	5	43	...	...	...	...	1	18	6	76	...	...	18	...	...	...	...	325	†	...	...
SUTTON-IN- ASHFIELD ...	95	10	10	23	1	...	...	...	1	37	16	278	...	...	25	...	...	...	...	496	Yes	10	Small Pox
WARSOP ...	4	4	3	27	2	...	...	2	...	9	8	52	...	...	1	...	...	...	...	112	§	...	...
WEST BRIDGFORD ...	...	7	4	16	1	...	...	2	1	12	1	...	...	...	13	...	...	...	...	57	†	...	...
WORKSOP ...	...	8	5	15	1	...	...	...	2	22	23	...	...	...	21	...	...	...	...	97	* * * Yes	24	Small Pox
TOTAL ...	550	126	92	431	11	8	1	14	23	312	103	1418	...	...	303	6	25	...	..	3,423		214	

† There is an arrangement with the Mansfield Corporation to admit cases of Small Pox into their Isolation Hospitals.

\* These districts contribute to the Joint Small Pox Hospital at Hucknall.

‡ These districts have an agreement with the Basford Rural District Council by which cases of Scarlet Fever and Diphtheria may be received into the Basford Sanatorium.

\* \* Cases of Scarlet Fever, Diphtheria, and Enteric Fever are sent to the Joint Hospital situated in the Worksop Rural District.

§ Arrangements have been made with the North Derbyshire Hospital Board to receive cases of Infectious Disease.

Mansfield Woodhouse, Eastwood, Sutton-in-Ashfield, and Mansfield have made an arrangement with the City of Nottingham for the admission of cases of Small Pox.





TABLE IX.

## NOTTINGHAMSHIRE.

Cases of Infectious Disease notified during the Year 1925.

## RURAL DISTRICTS.

RURAL DISTRICTS.	Small Pox.	Diphtheria (including Membranous Croup).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Fever.	Cerebro-Spinal Fever.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Chicken Pox.	Dysentery.	Trench Fever.	Pneumonia.	Malaria.	Whooping Cough.	Acute Poliomyelitis.	TOTAL.	Whether there is any Isolation Hospital for Infectious Diseases?	Total available Beds.	Number of Diseases that can be concurrently treated.
BASFORD ...	1	21	9	68	6	2	5	5	2	25	15	2	...	...	13	...	...	1	175	Yes	28	Enteric Fever Scarlet Fever Diphtheria
BINGHAM ...	...	3	3	17	1	...	...	...	1	13	1	...	...	...	26	...	...	...	65	†		...
WORKSOP ...	...	3	...	55	1	...	...	...	...	9	4	2	...	...	...	...	...	...	74	Yes	16	Scarlet Fever and Diphtheria or Enteric. Small Pox is sent to Worksop
EAST RETFORD ...	...	3	3	14	2	...	...	2	...	16	3	2	1	...	7	...	...	...	53	§		...
LEAKE ...	...	...	...	1	...	...	...	...	...	1	...	1	...	...	...	...	...	...	3	†	...	...
MISTERTON ...	...	4	...	4	...	...	...	...	...	4	1	...	...	...	13	...	...	...	26	Yes	11	Scarlet Fever or Diphtheria and Small Pox
NEWARK ...	...	1	...	7	...	1	1	1	...	9	1	13	...	...	1	...	...	...	35	**		...
SKEGBY ...	26	7	4	16	2	1	...	1	...	22	4	54	...	...	8	...	...	...	145	No.	...	...
SOUTHWELL ...	8	5	6	34	1	3	...	...	1	29	9	33	...	...	6	...	...	...	135	Yes	13	Scarlet Fever or Diphtheria and Small Pox.
STAPLEFORD ...	...	5	15	4	...	...	...	1	2	4	4	...	...	...	13	...	...	...	48	*		...
NOTTS. PARISHES administered by SHARDLOW ...	...	1	...	3	...	1	...	...	...	...	...	...	...	...	1	...	...	...	6	* * ††	...	...
TOTALS...	35	53	40	223	13	8	6	10	6	132	42	107	1	...	88	...	...	1	765		68	

† An arrangement has been made with the Basford Rural District Council to take cases of Scarlet Fever, Diphtheria, or Enteric Fever into their Isolation Hospital.

† There is an arrangement with the Borough of Loughborough whereby cases of Enteric Fever and Diphtheria may be sent to Loughborough Isolation Hospital.

\* This district contributes to the joint Small Pox Hospital at Hucknall; and has also made arrangements with the Draycott Isolation Hospital, in Derbyshire.

\*\* The Newark Borough Isolation Hospital is situated in the Rural District, and is available for patients from the Rural District.

\* An arrangement has been made with the Shardlow Joint Hospital at Draycott to take cases from this district.

§ There is a temporary arrangement with the Borough of Retford to admit a limited number of cases of Scarlet Fever and Small Pox into their Hospital.

Basford, Bingham, Leake and Skegby, have made an arrangement with the City of Nottingham for the admission of cases of Small Pox

†† Cases of Small Pox are sent to the Long Eaton Isolation Hospital,



**SCARLET FEVER.**

	SCARLET FEVER.			
	Notified Cases	Deaths.	Case Fatality per cent.	Attack Rate or cases per 1,000 of the Population.
1916	690	5	0.72	2.00
1917	433	3	0.69	1.25
1918	438	2	0.45	1.29
1919	687	6	0.87	1.80
1920	833	9	1.08	2.18
1921	766	7	0.91	2.10
1922	514	—	—	1.33
1923	619	9	1.45	1.60
1924	839	15	1.79	2.14
1925	654	6	0.92	1.66

**DIPHTHERIA.**

	DIPHTHERIA.			
	Notified Cases	Deaths.	Case Fatality per cent.	Attack Rate or cases per 1,000 of the Population.
1916	562	64	11.3	1.63
1917	338	31	9.1	0.97
1918	283	34	12.0	0.83
1919	363	28	7.7	0.95
1920	421	49	11.6	1.15
1921	242	20	8.2	0.63
1922	265	12	4.5	0.68
1923	289	24	8.3	0.74
1924	324	29	8.9	0.83
1925	179	14	7.8	0.46

**ENTERIC FEVER.**

The County was relatively free from this disease during 1925, and no request for assistance of the County Medical Staff was received.

	ENTERIC FEVER, including "Continued."			
	Notified Cases	Deaths.	Case Fatality per cent.	Attack Rate or cases per 1,000 of the Population.
1916	63	9	14.3	0.18
1917	41	11	26.5	0.11
1918	56	15	26.7	0.16
1919	29	3	10.3	0.07
1920	11	3	27.2	0.02
1921	18	4	22.2	0.04
1922	26	3	11.5	0.06
1923	33	5	15.2	0.09
1924	35	5	14.3	0.09
1925	24	5	20.8	0.06



### PUERPERAL FEVER.

This term, as previously stated, includes many septic conditions occurring in the Puerperium, and the number notified probably underestimates the total number that have occurred.

	PUERPERAL FEVER.		
	Notified Cases.	Deaths.	Case Fatality. per cent.
1895	24	11	45·8
1896	18	2	11·1
1897	21	9	42·8
1898	12	5	41·6
1899	28	14	50·0
1900	21	18	85·7
1901	23	18	78·2
1902	20	9	45·0
1903	16	9	56·2
1904	17	14	82·3
1905	20	6	30·0
1906	12	7	58·3
1907	21	8	38·0
1908	29	11	37·9
1909	16	10	62·5
1910	12	7	58·3
1911	14	8	57·2
1912	21	8	38·1
1913	9	6	66·6
1914	12	5	41·6
1915	19	4	21·1
1916	17	12	70·5
1917	8	6	75·0
1918	5	4	80·0
1919	19	21	100·0
1920	28	20	71·4
1921	24	15	62·5
1922	17	10	58·8
1923	16	7	43·7
1924	22	10	45·5
1925	16	9	56·2

**MEASLES.**

The mortality from this disease varies considerably from year to year, and although the number of deaths reported is appreciably greater than in 1924, the figure is small compared with many previous years.

Year.	Deaths from Measles.
1921	3
1922	14
1923	86
1924	12
1925	42

**WHOOPIING COUGH.**

The following table shows the number of deaths from Whooping Cough.

Year.	Deaths from Whooping Cough.
1916	29
1917	38
1918	130
1919	24
1920	30
1921	47
1922	34
1923	43
1924	60
1925	33

**DIARRHOEA.**

Year.	Deaths from Diarrhoea in Children under 2.
1916	89
1917	59
1918	77
1919	64
1920	72
1921	111
1922	38
1923	46
1924	44
1925	53

**CEREBRO-SPINAL FEVER.**

During 1925, seven cases of Cerebro-spinal Fever were notified, and the advice of the Consultant (Dr. Jacob), appointed by the County Council, was sought in two instances.

**INFLUENZA.**

Year.	Fatal Cases of Influenza.
1916	98
1917	74
1918	1,522
1919	357
1920	61
1921	196
1922	93
1923	71
1924	167
1925	153

## TREATMENT OF TUBERCULOSIS.

### DISPENSARIES.

There were five Dispensaries in regular use during the year 1925. The appended list gives the situation with the days and hours of opening :—

Nottingham. 37, Goldsmith Street.

Wednesday 10 a.m.—12 noon, Women and  
children.  
2 p.m.—3.30 p.m. Men.

Mansfield. West Hill House, West Hill Drive.

Monday 1 p.m.—4 p.m. Women and  
Children.

Thursday 10 a.m.—12 noon. Men.

Newark. 11, Carter Gate,

Tuesday, 10 a.m.—12 noon.

Retford. 32, Bridgegate.

Saturday. 10 a.m.—12 noon.

Worksop. Potter Street.

Friday. 2 p.m.—4 p.m.

The old Tuberculosis Dispensary at 33, Church Street, Mansfield, was vacated on the 23rd December for reasons stated in last year's report, and the equipment was transferred to the new premises at West Hill House on the same date. A portion of the Venereal Diseases Clinic is now being used as a Tuberculosis Dispensary and the cost of removal, necessary alterations and additions, amounted to approximately £50.

### ATTENDANCES AND NEW CASES.

The following Table indicates the increase of work at the Tuberculosis Dispensaries during the quinquennial period 1921-25 as compared with 1916-20.

	New Cases.		New Cases.
1916	No record.	1921	.. 691
1917	.. 396	1922	.. 1,454
1918	.. 455	1923	.. 1,245
1919	.. 515	1924	.. 1,262
1920	.. 791	1925	.. 1,151



The large increase of new cases examined in 1922 is accounted for by the fact that the systematic examination of all Contacts of definite cases was inaugurated in that year.

		Attendances.			New Cases.
		1925.			1925.
Mansfield	..	2,247	..		483
Nottingham	..	1,459	..		353
Newark	..	533	..		111
Retford	..	429	..		115
Worksop	..	388	..		89
Totals		5,056	..		1,151

## RESIDENTIAL INSTITUTIONS FOR THE TREATMENT OF TUBERCULOSIS.

During the quinquennial period 1921-25 the following additions were made at the Ransom Sanatorium.

Eighty new beds were occupied during 1923. This necessitated a re-arrangement of the beds apportioned to patients—50 beds were allotted to adult males, 40 to adult females and 40 to children (20 pulmonary, 20 non-pulmonary).

This increase in the number of beds necessitated the appointment of an Assistant Resident Medical Officer and Dr. Steele was appointed in October, 1923. The Nursing Staff was also augmented by the appointment of a Home Sister, six Nurses and four Probationers.

Additional accommodation has also been provided for the treatment of non-pulmonary tuberculosis and, at the present time, the Ministry of Health approve the use of eighteen beds in outside institutions for this type of disease.

The X-ray apparatus was installed early in 1924 and Mr. Rigby, Radiologist to the Nottingham General Hospital, was appointed Consulting Radiologist in November, 1924.

In January, 1925, Mr. S. A. S. Malkin, F.R.C.S.E., was appointed Consulting Orthopædic Surgeon.

An average number of six beds in outside Institutions for the treatment of Non-Pulmonary Tuberculosis, was approved by the Ministry of Health in 1925. These extra six beds were divided between the Royal Sea Bathing Hospital, Margate, and the Gringley-on-the-Hill Hospital for Children.

As far as possible priority of admission is given to early and advanced cases of Pulmonary Tuberculosis; in the former so that immediate treatment may be commenced

when the disease is capable of arrest, and in the latter to prevent the spread of gross infection in overcrowded homes. The intermediate group of cases, namely those classed as "Serious Cases," are admitted in order of rotation. Advanced cases are isolated in separate blocks in the Sanatorium and early cases and cases with a negative sputum are similarly treated. Provided an advanced case is living under good conditions in his own home and there are no young children in the house, no institutional treatment is recommended for this type of case.

At present there is no institutional treatment for adult cases of Non-Pulmonary Tuberculosis. These cases are treated at home—splints and frames are provided by this Authority for the domiciliary treatment of this condition in adults. In children the Non-Pulmonary cases are treated in the Ransom Sanatorium and in outside Institutions. An arrangement has been made with the Cripples' Guild to continue the after-treatment of these cases on discharge from the Sanatorium.

### LIAISON WORK.

Complete liaison now exists between the School Medical Department and the Tuberculosis Officers. All doubtful cases of Tuberculosis occurring in school children are submitted to the Tuberculosis Department for examination. Definite cases are admitted to the Sanatorium for treatment and all indefinite cases are kept under observation until a definite decision can be given as to whether or not they are suffering from Tuberculous Disease. If found to be Non-Tuberculous they are then referred back to the School Clinics. In those cases which are definitely tuberculous, they are kept under Dispensary Supervision until the disease has become "Arrested." In tuberculous children who can attend school for part-time instruction, the School Medical Department are notified when such cases are considered eligible for attendance at school.

It is gratifying to note that a still larger number of doubtful cases are being referred to the Tuberculosis Officers by General Practitioners. Detailed reports of every case submitted for an opinion, are forwarded to the Practitioner concerned.

All insured patients, including those who have received Sanatorium treatment, are automatically referred to their respective Insurance Practitioners for treatment. No special



form of treatment is provided at the Dispensary except the provision of extra nourishment in suitable cases. The Dispensary is used as a Diagnostic Centre and a "Clearing House" and is not a treatment centre in the sense of the General Hospital out-patient department. Patients are not encouraged to treat their complaint by "swallowing wholesale" medicines or even cough mixtures, but rather to adapt their lives on sound hygienic and dietetic laws commensurate with their financial status. A great amount of education is needed for each patient and this should be one of the most important functions of a Tuberculosis Dispensary. Large attendances at each session should be discouraged so that adequate time may be given to each patient to discuss his or her difficulties in carrying out common sense lines of treatment. Fortunately the old rooted idea of the efficacy of medicaments for this complaint is dying a natural death, but there is still a large proportion of the population who pin their faith on some highly coloured and obnoxious concoction. It is the duty of those who are responsible for Anti-Tuberculosis schemes to discredit this practice.

An endeavour is made to examine all the contacts of tuberculous cases, particularly of those who have tubercle bacilli in their sputum. Every patient of this category is advised to have all people who come in close contact with him examined at the Dispensary. Unfortunately too few avail themselves of this opportunity. This, however, is partly overcome by the Health Visitors who are in constant and close touch with all patients. If any member of an infected household shows any signs of tuberculous trouble the head of the family is warned of the danger and advised of the facilities which exist for examination and supervision.

In those cases who show doubtful signs of Tuberculosis, and in whom a definite opinion cannot be given by ordinary methods, provision has been arranged for all these cases to be X-rayed at the Sanatorium. Ninety-six cases were X-rayed during 1925. In these doubtful cases who only attend once for examination systematic following-up is carried out by the Health Visitors by personal visiting of the homes ;—of those who fail to re-attend a letter fixing another appointment at the Dispensary is sent direct to the person affected.

Whenever a gross sanitary defect exists a letter is sent to the local Medical Officer of Health pointing out any deficiency and asking that such should be investigated and remedied if possible. The disinfection of the homes of all tuberculous patients is carried out by the Local Sanitary Authority.

All cases of tuberculous disease in local Hospitals, coming to the notice of the Tuberculosis Department, are seen by the Tuberculosis Officers and arrangements are made with the Resident Officers of these institutions for these cases to be examined whilst in hospital.

No dental treatment is provided in connection with the Dispensary work but all cases admitted to the Sanatorium receive treatment, if considered necessary, whilst undergoing treatment. In those School Children with enlarged glands of the neck close attention is paid to the teeth and upper respiratory passages. If any defect is found the School Medical Department is asked to provide the necessary dental treatment or the removal of enlarged tonsils and adenoids.

### SHELTERS.

There are seventeen shelters in use in this County. Twenty-seven patients occupied these shelters during the year, four of whom died. Ten shelters were removed during the year at a cost of £15 16s. 6d. Four shelters required repairs amounting to £3 19s. 2d.

### HOME VISITING.

5,383 visits were paid by the Health Visitors during the year. Under the scheme for the reorganisation of the County Nursing Service, which came into operation in October, 1925, the health visiting for the Tuberculosis Department is carried out by two whole-time Health Visitors, who serve the populous areas on the western side of the County around and between Nottingham and Mansfield, and by twelve nurses doing combined duties, who devote approximately 10% of their time to Tuberculosis work. Prior to the inauguration of this scheme the work was performed by three whole-time and one part-time health visitors, one of whom resigned during the year, her place being taken by Mrs. King.

It was considered essential to keep two whole-time Tuberculosis Health Visitors in the populous areas mentioned. It is most important that wherever practical the Health Visitor responsible for a crowded area should also attend at the Tuberculosis Dispensary serving that area so that any point relevant to the welfare of the patient may be discussed when the patient is being examined at the Dispensary.



## CARE COMMITTEE.

The Nottingham and Notts. Association for the Prevention of Tuberculosis acts as the official Care Committee for this County. During the year the Committee have extended their field of operations in the formation of a new branch for Mansfield and the adjoining Districts. All members of this Committee are active working members and pay personal visits to all cases referred to them. Each District in this area has a Local Representative on the Committee. The Central Committee in Nottingham administers the after-care work of the remaining portion of the County. Both Committees meet monthly and the Clinical Tuberculosis Officer attends all meetings. During the year 125 County cases have been helped and 401 visits made by the members of the Committee. The help given has been chiefly as follows :—

Provision of Beds and Bedding.

Extra nourishment in the form of milk and eggs.

Convalescent treatment in the Hahnemann Home, Bournemouth and the Sea Bathing Hospital, Scarborough.

Clothing for people awaiting admission to the Sanatorium.

Spinal Carriages and Air Rings.

Four shelters lent to patients.

Railway fares.

Boarding-out of children (very limited so far).

It is hoped that in future other Sub-Committees may be formed in Worksop, Retford and Newark areas.

These After-Care Committees are most useful adjuncts to the County scheme. In this way patients realise that they are not only receiving official help but also that of Voluntary Bodies. We are indebted to those ladies and gentlemen who give their services voluntarily to this work.

The Association is also in touch with the following bodies :—

Soldiers' and Sailors' Families' Association.

British Red Cross.

Royal Naval Benevolent Fund.

United Services' Fund.

British Legion.

### EXTRA NOURISHMENT.

Extra nourishment in the form of one or two pints of milk daily was granted to 91 patients at an approximate cost of £237.

Cod Liver Oil and Malt is given to selected cases in children at the Dispensaries.

### LECTURES.

The course of Lectures on "Tuberculosis—Its Causes and Effects as affecting the General Community" was continued during the Winter of 1925 at the following places:—Stanton Hill, Kirkby-in-Ashfield, Huthwaite, Rainworth, Warsop, Mansfield, Bingham, Burton Joyce, Eastwood and Sutton Bonnington, the total attendances amounting to 617.

### GRANCHER SYSTEM.

For a considerable number of years this system has been advocated and is being carried out to a limited extent in France. It consists in boarding out young healthy children from tuberculous homes. This is undoubtedly the right way of attacking the problem from the point of view of prevention. Suitable foster parents, with a clean bill of health, are selected to undertake the supervision of these children in homes free from tuberculous infection.

Most authorities agree that Tuberculosis is acquired after birth from a pre-existing case of Pulmonary Tuberculosis (we are only dealing here with Pulmonary Tuberculosis, which is by far the most important type of disease). The most susceptible is the young child—the younger the child, the greater the susceptibility to tuberculous infection. The risk of adult infection is greatly overrated as most adults have been infected as children and have managed to escape disease. As long as the dose of infection in childhood is gradual and small and over prolonged periods, there is little change of that child developing tuberculosis as an adult. But a child who is in constant association with infection receives large and continued doses. The child, if over three years of age, may continue in indifferent health until it reaches adult life and then will most certainly develop Tuberculosis. If more adequate arrangements could be made for boarding-out these children from infected homes the death rate from Tuberculosis would be materially diminished in a few years' time. We must pay far more attention to this procedure than we have done in the past. The whole conception of the aetiology of Tuberculosis points in this direction. It undoubtedly would be a costly scheme and many difficulties

would arise from the parents' point of view ; but we are here to face undoubted facts and the cost of the inauguration of the Grancher System would repay abundantly in the reduction of the future mortality rate from this disease.

### STATISTICS.

The death rate from Pulmonary Tuberculosis for the current year was  $\cdot 58$  as compared with  $\cdot 73$  for 1924 ; for Non-Pulmonary  $\cdot 17$  as compared with  $\cdot 18$  for 1924. The total death rate for 1925 was  $\cdot 75$  as compared with  $\cdot 91$  for 1924.

For comparison the death rates for England and Wales are of interest.

	Pulmonary.	Non-Pulmonary.	All Forms.
England and Wales	$\cdot 833$	$\cdot 206$	$1 \cdot 038$
Nottinghamshire	$\cdot 58$	$\cdot 17$	$\cdot 75$

Last year we were able to record the lowest death rate ever recorded for all forms of Tuberculosis. It is gratifying to report this year that the death rates from both Pulmonary and Non-Pulmonary Tuberculosis are the lowest on record. It will be noted that there has been a large fall in the death rate for the current year. We must not congratulate ourselves too highly with these figures—the fall being too great for one year. It is anticipated that the death rate for 1926 will show a rise on the present year's figures. All that it indicates is that fewer people died during the year than was normally anticipated. It is, however, a step in the right direction.

If we take the figures for the other five chief causes of death during the year we find that Tuberculosis is the sixth on the list—

Heart Disease	..	..	causing	517	deaths.
Cancer	..	..	„	485	„
Pneumonia	..	..	„	432	„
Bronchitis	..	..	„	379	„
Cerebral Hæmorrhage	..	..	„	314	„
Tuberculosis (all forms)	..	..	„	297	„

The following table indicates the death rates from 1901 to 1925 :—

	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Tuberculosis All forms.
1901–1905	.. $\cdot 856$	$\cdot 530$	$1 \cdot 386$
1906–1910	.. $\cdot 776$	$\cdot 434$	$1 \cdot 210$
1911–1915	.. $\cdot 676$	$\cdot 366$	$1 \cdot 042$
1916–1920	.. $\cdot 814$	$\cdot 290$	$1 \cdot 104$
1921–1925	.. $\cdot 680$	$\cdot 226$	$\cdot 906$



It will be noted that there has been a progressive decline in the Non-Pulmonary form but the Pulmonary form does not show the same gradual diminution. For the quinquennial period 1911–1915 the death rate was very slightly lower than the period 1921–1925. The pre-war period was one of industrial prosperity—the war period 1914–1918 was one of lowered resistance and industrial stagnation. The post-war period, therefore, is the aftermath of a world upheaval and clearly indicates the correlation of Tuberculosis with economic factors. Nevertheless, the period 1921–1925, in spite of the lowered resistance of the nation, shows a very encouraging decline.

Of the total deaths reported during the year 31·4% took place within six months of the first examination by the Tuberculosis Officers, 52·8% within 12 months. 47·3% were in Stage III. when first examined at the Dispensary. Of the latter 42·3% died within 6 months and 63·4% within 12 months. The total number of primary notifications for the year amounted to 479.

#### MINISTRY OF PENSIONS.

During the year co-operation between the Ministry of Pensions and the Tuberculosis Officers has been fully maintained.

The extent to which the services of the Tuberculosis Officers have been utilised is shown in the following table of certificates issued, which in the main represent the special examination of an ex-service patient. The number of certificates issued in 1924 was 348.

Description of Certificate.	Number of Certificates furnished.
M.P.M.S.D.28, 81 and 28a .. ..	132
M.P.M.S.D.80 .. ..	11
M.P.M.S.D.30 .. ..	—
M.P.M.S.D.31 .. ..	1
M.P.A.36 T.O. .. ..	37
M.P.M.S.D.122 .. ..	95
TOTAL .. ..	276



TABLE showing Stage of Disease when first examined by Tuberculosis Officer and period which elapsed between such examination and death.

Stage of Disease when first seen.	PERIOD WHICH ELAPSED BETWEEN FIRST EXAMINATION AND DEATH.														'Total No of deaths in each stage		Percentage of deaths in each stage												
	0—1 month		1—2 months		2—3 months		3—4 months		4—5 months		5—6 months		6—9 months					9—12 months		1—2 years		2—3 years		3—4 years		4—5 years		over 5 years	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F	M	F		
I.	..	*	—	1	—	—	—	—	—	—	—	—	1	—	—	—	1	2	1	1	—	1	1	1	3	2	6	10	10.7%
I.—II.	..	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	1	1	—	—	1	1	—	—	—	—	4	2	4.0%
II.	..	—	—	—	1	—	2	2	1	2	2	1	—	1	6	—	1	5	3	5	1	3	2	—	2	121	20	27.3%	
II.—III.	..	—	—	—	—	1	2	—	—	—	—	—	—	1	2	2	2	2	—	3	—	1	—	—	—	—	10	6	10.7%
III.	..	3	3	4	3	5	1	3	4	—	2	—	2	3	5	3	4	5	7	4	3	3	1	1	1	—	35	36	47.3%
Total number of deaths in each period	..	3	4	5	4	6	5	5	2	4	1	3	6	13	5	8	14	13	13	5	7	5	3	2	6	376	74		
Percentage of deaths in each period	..	4.7%	6.0%	7.3%	6.7%	4.0%	2.7%	12.7%	8.7%	18.0%	12.0%	8.0%	3.3%	6.0%															6.0%

\*This patient was suffering from Sarcoma of Breast in addition to Tuberculosis,

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912,  
and Public Health (Tuberculosis) Regulations (No. 2), 1918.  
**Summary of Notifications during the period from the 4th January, 1925, to the 2nd January, 1926.**  
**in the County of Nottinghamshire.**

Age-periods	Notifications on Form A.													Notifications on Form B.				Number of Notifications on Form C.							
	Number of Primary Notifications.													Total Notifications on Form A.				Number of Primary Notifications.				Total Notifications on Form B.		Poor Law Institutions.	Sanatoria.
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.	Total Primary Notifications.	Total Notifications on Form A.	Under 5	5 to 10	10 to 15	Total Primary Notifications.	Total Notifications on Form B.							
Pulmonary Males	...	4	19	15	18	18	30	30	20	10	...	164	174	...	2	1	3	3	5	148					
„ Females	...	3	14	19	33	36	60	28	8	5	2	209	218	...	...	...	...	...	4	149					
Non-Pulmonary Males	...	5	13	8	8	5	3	3	1	...	...	46	50	...	...	...	...	...	4	4					
„ Females	...	8	12	16	5	7	2	3	...	...	...	57	58	...	...	...	...	...	8	6					

# SUPPLEMENTAL RETURN.

NEW cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the period from the 4th January, 1925 to the 2nd January, 1926, OTHERWISE than by notification on Form A. or Form B. under the Public Health (Tuberculosis) Regulations, 1912.

AGE PERIODS.	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total Cases.
Pulmonary, Males ..	0	0	1	1	0	2	3	0	4	4	0	15
Pulmonary, Females ..	0	0	0	0	0	5	2	0	4	0	1	12
Non-Pulmonary, Males ..	0	4	2	1	0	0	0	1	0	0	0	8
Non-Pulmonary, Females ..	0	0	0	0	1	1	0	0	0	0	0	2



## PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1924.

Number of cases of Tuberculosis remaining on the Registers of Notifications kept by District Medical Officers of Health in the County on the 31st December, 1925 :—

TOTAL CASES.	PULMONARY.			NON-PULMONARY.		
	Males.	Females	Total.	Males.	Females	Total.
2,199	790	885	1,675	274	250	524

### TUBERCULOSIS.—Year 1925.

URBAN DISTRICTS.			Deaths from Pulmonary Tuberculosis.	Deaths from other Tuberculous Diseases.	Death-rate per 1,000 of the population from Pulmonary Tuberculosis.	Death-rate per 1,000 of the population from other Tuberculous Diseases.	Death-rate per 1,000 of the population from all Tuberculous Diseases.	Patients admitted into Ransom Sanatorium.
Mansfield	...	...	13	7	0·28	0·15	0·43	53
Newark	...	...	13	6	0·77	0·36	1·13	22
Retford	...	...	10	4	0·76	0·30	1·06	9
Arnold	...	...	9	5	0·73	0·41	1·14	6
Beeston	...	...	8	4	0·61	0·31	0·92	15
Carlton	...	...	11	1	0·57	0·05	0·62	15
Eastwood	...	...	6	1	1·11	0·18	1·29	7
Hucknall	...	...	11	1	0·62	0·06	0·68	23
Huthwaite	...	...	5	2	0·88	0·35	1·23	3
Kirkby-in-Ashfield	...	...	7	...	0·37	...	0·37	13
Mansfield Woodhouse	...	...	11	3	0·76	0·21	0·97	14
Sutton-in-Ashfield	...	...	15	9	0·60	0·36	0·96	29
Warsop	...	...	3	1	0·37	0·12	0·59	5
West Bridgford	...	...	12	1	0·92	0·08	1·00	4
Worksop	...	...	16	3	0·67	0·12	0·79	14
Aggregate Urban Districts			150	48	0·59	0·19	0·78	232



## TUBERCULOSIS.—Year 1925.

RURAL DISTRICTS.	Deaths from Pulmonary Tuberculosis.	Deaths from <i>other</i> Tuberculous Diseases.	Death-rate per 1,000 of the population from Pulmonary Tuberculosis.	Death-rate per 1,000 of the population from <i>other</i> Tuberculous Diseases.	Death-rate per 1,000 of the population from <i>all</i> Tuberculous Diseases.	Patients admitted into Ransom Sanatorium.
Basford ... ..	21	6	0·47	0·13	0·60	17
Bingham ... ..	8	1	0·56	0·07	0·63	11
Worksop ... ..	5	1	0·84	0·16	1·00	6
East Retford ... ..	11	2	0·75	0·14	0·89	11
Leake ... ..	2	2	0·54	0·54	1·08	1
Misterton ... ..	1	1	0·24	0·24	0·48	...
Newark ... ..	5	...	0·56	...	0·56	6
Skegby ... ..	7	3	0·69	0·30	0·99	14
Southwell ... ..	14	3	0·67	0·14	0·81	8
Stapleford ... ..	5	1	0·43	0·08	0·51	1
Kingston and Ratcliffe on-Soar ... ..	...	...	...	...	...	...
Aggregate Rural Districts ... ..	79	20	0·57	0·14	0·71	75
Whole County ... ..	229	68	0·58	0·17	0·75	307

**Deaths from Tuberculosis.**

Year.	Deaths from Pulmonary Tuberculosis.	Deaths from other Tubercu- lous Diseases.
1916	282	100
1917	303	112
1918	321	109
1919	285	103
1920	262	102
1921	262	108
1922	281	92
1923	267	105
1924	286	70
1925	229	68

**Death-rate from Pulmonary Tuberculosis per 1,000 of the  
Population.**

	Whole County.	Urban Districts	Rural Districts.
1916	.81	.86	.72
1917	.87	.86	.90
1918	.94	.89	1.05
1919	.77	.81	.71
1920	.68	.73	.60
1921	.68	.70	.65
1922	.72	.78	.63
1923	.69	.73	.61
1924	.73	.76	.68
1925	.58	.59	.57

**Death-rate from all OTHER Tuberculous Diseases (excluding Tuberculosis of the Lungs) per 1,000 of the Population.**

	Whole County.	Urban Districts.	Rural Districts.
1916	·28	·36	·15
1917	·32	·31	·34
1918	·32	·33	·35
1919	·27	·28	·25
1920	·26	·25	·29
1921	·28	·30	·23
1922	·23	·24	·22
1923	·27	·28	·26
1924	·18	·20	·14
1925	·17	·19	·14

**Death-rate from ALL Tuberculous Diseases (including Tuberculosis of the Lungs) per 1,000 of the Population.**

	Whole County.	Urban Districts.	Rural Districts.
1916	1·10	1·23	0·88
1917	1·20	1·17	1·25
1918	1·26	1·22	1·35
1919	1·06	1·14	0·98
1920	0·95	0·98	0·90
1921	0·97	1·01	0·89
1922	0·96	1·02	0·86
1923	0·96	1·01	0·87
1924	0·91	0·96	0·82
1925	0·75	0·78	0·71

## TREATMENT OF VENEREAL DISEASES.

Facilities for the treatment of County patients suffering from Venereal Diseases have been maintained at the established Clinics at Nottingham and Mansfield and there has been an increase in the number of new patients at both centres.

In-patient treatment has also been provided for women at Greendale House, Nottingham. The total number of in-patients was nine with an aggregate period of treatment of 383 days.

It is with very great regret that I have to record the death on July 4th, 1926, of Dr. E. H. Houfton, who assisted Dr. Buckley at the Mansfield Centre. Owing to failing health Dr. Houfton resigned his appointment on April 30th 1926. His place has been filled by Dr. N. C. Tweedie.

Owing to the accommodation of the Irrigation Department at West Hill House proving quite inadequate for the needs of the patients, steps were taken to enlarge the premises by the erection of a new irrigation clinic. The work was completed by June 10th, 1926, at a total cost of £650.

The new premises have added greatly to the efficiency of the Department and to the comfort and speed with which the patients can be treated.

The usual practice of communicating with patients who have ceased to attend before discharge was continued. In addition a number of women patients were visited in their own homes by the Nurse in charge of the Clinic on their failing to attend after having been written to.

It is gratifying to report that there has been no severe re-action among the patients after "606 treatment" and there has been complete freedom from Dermatitis and Jaundice.

The bacteriological examinations have again been carried out by the Nottingham City Laboratory, 17 Park Row, Nottingham.

There does not appear to be any difficulty on the part of the patients in the Newark Area travelling to the existing centres, which became necessary on the closure of the Newark Treatment Centre in March 1923, and there is no evidence, so far as I am aware, that treatment centres are called for in other parts of the County.



During the year, 1,194 tests for the Wassermann reaction were made. There were 55 microscopic examinations for the detection of Spirochoetes, 895 examinations for the detection of gonococci and 267 examinations for other organisms.

The scale of fees for each examination is fixed by the Ministry of Health and the total cost amounted to £450.

Railway fares amounting to £22 14s. 5d., were refunded to patients who were unable to bear the cost.

### V.D. CLINICS. TIME TABLE.

NOTTINGHAM. 35, NORTH CHURCH STREET.

#### MALES.

#### FEMALES.

Monday ..10.0—12.0 noon.	Tuesday .. 5.0— 7.0 p.m.
Wednesday 6.0— 8.0 p.m.	Wednesday..10.0—12.0 noon
Thursday 6.0— 8.0 p.m.	Thursday ..10.0—12.0 noon
Saturday 10.0—12.0 noon.	Friday .. 6.0— 8.0 p.m.

MANSFIELD. WEST HILL HOUSE.

#### MALES.

#### FEMALES.

Tuesday ..10.0—12.0 noon.	Tuesday .. 2.0— 4.0 p.m.
Thursday — 7.0 p.m.	Wednesday.. 6.0— 8.0 p.m.

#### MALES. IRRIGATION CLINIC.

Daily, 10.0 a.m.—12.0 noon. 6.0 p.m.—8.0 p.m.

#### FEMALES. INTERMEDIATE TREATMENT.

Daily 2 p.m. to 4 p.m.

### PATHOLOGICAL LABORATORY.

Medical Practitioners have freely taken advantage of the facilities provided by the County Council for the Bacteriological Examination of specimens, free of cost, and the number of examinations during the last five years is detailed in the following table :—

	Diphtheria.	Enteric Fever.	Tubercle.	Cerebro- Spinal Fever.	Venereal Diseases.	Grand Total
1921	395	24	532	5	2,988	3,944
1922	321	45	847	3	2,099	3,315
1923	422	21	597	2	2,345	3,387
1924	390	43	805	—	2,342	3,580
1925	484	43	889	3	2,411	3,830

**Abstract relating to persons treated at the Venereal Diseases Treatment Centres.**

	MANSFIELD.				NOTTING- HAM.		Total.				
	Notts. Cases.		Other Districts.		County Cases only.						
	1924	1925	1924	1925	1924	1925					
A. Number of persons dealt with for the first time, and found to be suffering from—											
Syphilis	...	...	61	83	7	10	47	67	115	160	
Soft Chancre	...	...	2	5	...	...	10	4	12	9	
Gonorrhoea	...	...	152	134	19	17	138	123	309	274	
Conditions other than Venereal ...			25	42	8	9	52	66	85	117	
Total	...	...	240	264	34	36	247	260	521	560	
B. Attendances								...	...	...	...
C. Aggregate In-patient Days								...	...	...	...
D. Number of doses of Salvarsan Substitutes								...	...	...	...
Out-patients								...	...	...	...
In-patients								...	...	...	...

The following return shows the number of specimens submitted from each of the Sanitary Districts in the County during the year 1925 :—

RETURN OF SPECIMENS FOR BACTERIOLOGICAL EXAMINATION  
SUBMITTED DURING THE YEAR, 1925.

(The examinations for Spirochoetes, Gonococci and Wassermann tests are given under Venereal Diseases on p. 45).

	Diphtheria.	Enteric Fever.	Tubercle.	Cerebro- Spinal Fever.
Mansfield ... (Borough)	4	13	45	—
Newark ... (Borough)	4	1	2	—
East Retford ... (Borough)	48	2	16	—
Arnold ...	9	—	19	—
Beeston ...	17	2	8	—
Carlton ...	12	—	6	—
Eastwood ...	4	—	5	—
Hucknall ...	25	—	45	—
Huthwaite ...	—	—	1	—
Kirkby-in-Ashfield ...	1	1	5	—
Mansfield Woodhouse	8	—	6	—
Sutton-in-Ashfield ...	—	4	2	—
Warsop ...	2	—	10	—
West Bridgford ...	62	—	23	—
Worksop ...	18	7	4	—
Basford ...	90	4	4	—
Bingham ...	52	5	18	—
Worksop ...	21	—	15	—
East Retford (Rural)	41	—	13	—
Leake ...	—	—	—	—
Misterton ...	23	2	10	—
Newark (Rural) ...	3	—	—	—
Skegby ...	—	2	—	—
Southwell ...	31	—	19	—
Stapleford... ...	9	—	15	—
Shardlow ...	—	—	—	—
By County Council Staff ...	—	—	598	3
<b>TOTAL ...</b>	<b>484</b>	<b>43</b>	<b>889</b>	<b>3</b>

### ADMINISTRATION OF THE MIDWIVES ACTS, 1902 & 1918.

The staff responsible for carrying out the work of the above Acts during the last 5 years has comprised Dr. Rose Hudson, the senior infant welfare officer, and two whole-time inspectors of midwives, Miss Simmons and Miss Gough. Miss Gough replaced Miss Reid in January 1922.

The two inspectors of midwives make routine inspections of every midwife at least once a quarter, and enquiries are also made in all cases of rise of temperature, still birth, death of mother or child, and liability of the midwife to be a source of infection.

The following table gives the number of routine visits and special visits made by the inspectors of midwives during the last five years :—

Year.			Routine Visits.		Special Visits.
1921	..	..	606	..	1,242
1922	..	..	666	..	1,077
1923	..	..	561	..	1,119
1924		..	548	..	1,225
1925	..	..	537	..	1,270

It is satisfactory to record that there is a very good feeling existing between the inspectors and the midwives and in most instances the advice is very welcome.

Year.		Number of Midwives who have notified their intention to Practice.	Number of Trained Midwives.	Number of Untrained Midwives.
1921	..	185	136	49
1922	..	209	165	44
1923	..	204	166	38
1924	..	205	174	31
1925	..	212	184	28

The diminution in the number of untrained midwives still continues in the County area.

The district nursing associations applying through the Notts. Nursing Federation for grants to enable them to retain the services of well trained nurse midwives were as follows :—

Bingham,	Misterton,
Eastwood,	Plumtree,
Greasley,	Radcliffe,
Kneesall,	Rufford,
Lowdham,	Thorney.



There is still a large rural area in the County where district nursing associations have not yet been formed. This question has been brought to the notice of the Notts. Nursing Federation and efforts will be made to form new district associations in the future.

A total grant of £95 10s. 0d. was made to the Notts. Nursing Federation by the County Council during the year for maintenance and equipment of the district nursing associations.

In February 1925, a circular letter was issued by the Ministry of Health, stating that grants for the training of midwives would be paid by the Ministry of Health and not by the Board of Education. Arrangements were accordingly made with the County Nursing Association that grants would be paid to that body for all midwives newly appointed by them. This is in addition to the grant given for the equipment and maintenance of newly formed district nursing associations. A sum of £50 was so expended during 1925.

In addition a sum of £40 was paid to the Notts. Nursing Federation towards the cost of the provision of an emergency nurse midwife to act within any portion of the federated area required. Quite recently the County Council have approved a grant of £60 for the appointment of a second emergency nurse midwife on whom the County Council should have first claim for attendance on any case of rise of temperature during the puerperium.

The payment of doctors' fees, called in by midwives under Section 14 of the Midwives Act, 1918, amounted to £66 18s. 3d. more than in 1924. Forms of claim are sent to each doctor summoned to her aid by a midwife directly the midwife's duplicate notice has been received. In all 1,146 forms of claim were sent out in 1925 and only 524 claims were made by 93 doctors for fees amounting to £722 11s. 6d.

An attempt is made by the County Accountant to recover the fees in every case, and the new arrangement instituted in 1924, by which the outstanding amounts have been collected by the school attendance officers, has been most satisfactory. The total amount recovered is £735 and fees amounting to £105 10s. 6d. have been remitted in necessitous cases.

The following table shows the number of cases attended by certified midwives during the last five years :—

Year			Number of Cases.	Percentage of Total Births.
1921	..	..	6,357	69·2
1922	..	..	5,584	67·1
1923	..	..	5,617	70·0
1924	..	..	5,205	64·3
1925	..	..	5,309	67·0

Of the 5,309 births, 4,671 were attended by *trained* midwives and medical assistance was sought in 1,091 instances, or 23·4%. Of the 638 births attended by *untrained* midwives, medical assistance was sought in 99 instances, or 15·5%.

### OPHTHALMIA NEONATORUM.

The number of cases of discharge from the eyes in the new born, notified by midwives in their records of sending for medical help is given in the following table :—

Year.			Number of Cases.
1921	..	..	127
1922	..	..	107
1923	..	..	84
1924	..	..	92
1925	..	..	59

In addition to these figures a small number of cases were reported which were already under medical treatment. It will be seen from the above figures that the number of cases of discharge from the eyes is slowly decreasing, but it is also clear that an appreciable number of cases are not notified at all to the Medical Officers of Health as Ophthalmia Neonatorum. The majority of the cases notified to the local supervising authority are mild conjunctivitis and completely yield to treatment within 48 hours. Infection with the Gonococcus, on the other hand, would appear to be comparatively rare, though no bacteriological information is available to support this. Every certified midwife in the County is supplied free with a small amount of Collosal Argentum in a drop bottle. All the cases that are notified are very carefully followed up and in only one case throughout the year was the sight in one eye permanently damaged.

I am very pleased to report that it has not been necessary to report any midwife in the County to the Central Midwives Board during the year.

TABLE OF NOTICES RECEIVED BY THE NOTTS. LOCAL  
SUPERVISING AUTHORITY.

Year	1921	1922	1923	1924	1925
Records of sending for Medical help ...	1151	1073	1096	1209	1190
Notices of still-birth	147	146	120	142	131
Notices of death of child ...	14	17	19	67	65
Notices of death of mother ...	0	1	0	10	11
Notices of laying out the dead ...	12	19	17	23	22
Changes of address notified to the Central Midwives Board ...	22	18	17	21	26
Changes of name notified to the Central Midwives Board ...	3	2	1	5	4
Deaths of Midwives notified to the Central Midwives Board ...	1	1	3	0	0
Notices of Liability to be a Source of Infection ...	28	29	20	30	54
Notices of Artificial Feeding ...	73	71	53	79	63
	1451	1377	1346	1586	1566

CLASSIFICATION OF THE CAUSES FOR WHICH MEDICAL HELP  
WAS SOUGHT DURING THE YEAR 1925.

PREGNANCY—

Abortion and threatened abortion	..	..	79
Excessive Sickness ..	..	..	4
Puffiness of hands and face	..	..	10
Dangerous Varicose Veins	..	..	3
Hæmorrhage .. ..	..	..	35
Albuminuria .. ..	..	..	27
Purulent discharge ..	..	..	2
Deformity or stunted growth	..	..	1
Other abnormalities ..	..	..	24



## LABOUR—

Fits or Convulsions	..	..	..	..	10
Malpresentation	..	..	..	..	86
Where no presentation could be made out	..	..	..	..	2
Excessive bleeding	..	..	..	..	24
Retained Placenta	..	..	..	..	37
Ruptured perinæum	..	..	..	..	154
Delay in labour	..	..	..	..	298
By patient's wish	..	..	..	..	5
Placenta Prævia	..	..	..	..	1
Uterine Inertia	..	..	..	..	13
Premature labour	..	..	..	..	10
				—	640

## LYING-IN—

Rise of Temperature	..	..	..	..	34
Pain and swelling of breasts	..	..	..	..	2
White leg	..	..	..	..	10
Other complications	..	..	..	..	39
				—	85

## THE CHILD—

Injuries received during birth	..	..	..	..	1
Convulsions	..	..	..	..	9
Malformation	..	..	..	..	36
Dangerous feebleness	..	..	..	..	55
Inflammation of eyes	..	..	..	..	59
Prematurity	..	..	..	..	52
Still birth	..	..	..	..	40
Jaundice	..	..	..	..	3
Skin eruptions	..	..	..	..	13
Other abnormalities	..	..	..	..	1
Illness of Child	..	..	..	..	11
				—	280

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1,190

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**MATERNITY AND CHILD WELFARE.**

The Maternity and Child Welfare work in this County has appreciably increased during 1925, and there is every indication that further increases, both of the medical and nursing staffs, will be necessary in future years. During 1925 the medical staff has been increased by the appointment of Dr. Elsie Catlow, who commenced child welfare work in October 1925. Dr. Catlow devotes one-sixth of her time to child welfare, and five-sixths to School Medical Inspection. The infant welfare centres she attends are detailed elsewhere in this report.

A new centre has been established at Cotgrave since 24th February 1925, and the Beauvale Centre, which had been maintained by a Voluntary Committee for several years, was taken over by your Maternity and Child Welfare Committee on October 12th, 1925.



The very extensive re-organisation of the County Nursing Staff, to which reference has been made in the introduction, was only working for the last three months of 1925. It has already proved beyond doubt to result in less travelling and an increase in the number of home visits, and when it is possible to reduce the size of the twenty districts where the combined work is carried out by appointing additional nurses, it will, I am sure, result in greater efficiency in all branches of the County Health Service.

At the time of writing the County Council and the Ministry of Health have approved the inclusion of the Huthwaite Urban District and the Skegby Rural District in the County Council scheme for child welfare, and several new appointments, both medical and nursing, are pending.

There was no increase in the Special Area in which Maternity and Child Welfare work was carried out in the County during 1925. The following table shows how the area has been increased during the last five years :—

Year.	Urban Districts.	Rural Districts.	Total Population.	No. of Centres.	No. of Births.	Birth Rate.	Deaths of Infants under 1.	Infantile Mortality Rate.
1921	2	8	114,129	10	2,350	20·6	168	71
1922	2	8	115,011	10	2,244	19·4	119	53
1923	2	9	160,111	14	2,970	18·5	171	58
1924	3	9	167,122	16	3,105	18·6	209	67
1925	3	9	167,415	18	3,115	18·6	213	68

The Infantile Mortality Rate of 68 per 1,000 births in the special area administered by the County Council compares very favourably with that of 77 for the whole County. The Infantile Mortality Rate for England and Wales in 1925 was 75, the same figure as in the previous year.

The following table shows the Infantile Mortality Rate in the Special Area for the last 5 years :—

	1921	1922	1923	1924	1925
Carlton .. ..	86	63	40	48	54
Eastwood .. ..	—	—	—	105	66
West Bridgford ..	74	12	32	49	43
Basford .. ..	—	—	78	77	78
Bingham .. ..	64	54	67	95	65
Worksop Rural ..	84	16	68	84	60
East Retford R.D. ..	73	46	32	66	23
Leake .. ..	66	—	15	62	50
Misterton .. ..	131	111	35	39	66
Newark R.D. .. ..	37	78	76	57	86
Southwell .. ..	56	48	35	51	91
Stapleford .. ..	69	64	88	121	79
AGGREGATE .. ..	71	53	58	67	68

The Ante-Natal Clinic at Carlton has proved very successful, and though the number of attendances of expectant mothers is not very large, there is every indication that the numbers attending for advice will slowly increase, and the work at this Centre has been favourably commented upon by the Ministry of Health in the early part of 1926.

Ante-Natal Clinics were established at Southwell, Bingham and Tuxford in October 1925. Energetic attempts are being made to persuade expectant mothers to attend at the new clinics, but work of this nature, requiring much tact and discretion on the part of your medical and nursing staff can only develop gradually. No opportunity, I am satisfied, will be missed in stressing the importance of these examinations. The difficulty of providing adequate ante-natal supervision in urban and rural districts is a very real one, and it is very desirable that some expert opinion should be available, if necessary, in the more difficult cases. It is by no means generally appreciated, even among the more educated classes, that such supervision may make all the difference between a normal confinement and one in which the mother or child, or both, may lose their lives. Your Committee contributed towards the cost of in-patient treatment for one pregnant woman and this was the only application received.

The situation as regards maternity beds has not changed from last year, but in view of the new Regulations recently issued by the Minister of Health in regard to puerperal pyrexia, and the appointment of a second emergency midwife by the Notts. Nursing Federation on whom the Maternity and Child Welfare Committee will have first call for skilled nursing assistance—the demand for maternity beds in future is bound to increase.

No arrangements so far have been made either for dental treatment of expectant mothers or children under five, but the importance of such treatment in selected cases has not been lost sight of, and it is much to be hoped that in future years some provision for dental treatment will be included in the County Scheme.

Orthopædic Treatment, which was referred to briefly in last year's report, is now available both for children under 5 and elementary school children, in this County, owing to the activities of the Nottingham Cripples' Guild, who have recently appointed an Orthopædic Surgeon and several nurses trained in orthopædic work on their staff.

A new and commodious out-patient clinic has recently been built in Nottingham, with every facility for the treatment of cripples, and out-patient clinics have been established at Hucknall, Mansfield, Worksop, Newark and Loughborough, where the Orthopædic Surgeon attends at fixed intervals.

In-patient treatment is also available at Coleshill Hospital, near Birmingham, and at Gringley-on-the-Hill, Nottinghamshire. The question of providing a country hospital school in Notts. has been under serious consideration for some little time, and a conference was held recently to ascertain the views of neighbouring counties on the advisability of a joint hospital. Unfortunately this met with no success, and at the present time there is a proposal on foot to build a small country hospital school in the neighbourhood of Mansfield and to add to it as occasion demands.

Your Committee during 1925 have paid a grant of £15 to the Nottingham Cripples' Guild to cover the cost of out-patient treatment, exclusive of appliances, for children under five years, living in the area of the County for which the County Council is responsible for maternity and child welfare, and have paid the cost of in-patient treatment for one patient. The treatment of these children is on precisely similar lines to that for elementary school children, and there is no doubt this work will develop considerably in future years.

The following figures relate to the number of patients treated during the year :—

#### OUT-PATIENT ORTHOPÆDIC TREATMENT, 1925.

##### CLINIC.

Nottingham	..	5 children	made	95 attendances.
Hucknall	..	2	„	5
Worksop	..	1 child	„	2
Mansfield	..	3 children	„	12

Post-graduate lectures were again given at University College, Nottingham in 1925 and were attended by the Health Visitors, Inspectors of Midwives and a limited number of Certified Midwives.

An Infant Welfare Exhibition organised by the Central Council for Child Welfare was given at Carlton in January, 1925, and was well attended and proved an unqualified success.



The following Tables give the details of Dried Milk, &c., distributed at the Centres during the past five years :—

Year.	Dried Milk at cost. lbs.	Dried Milk. Free. lbs.	Virol at cost. lbs.	Ovaltine at cost. lbs.	Cod Liver Oil at cost. lbs.	Emulsion at cost. lbs.
1921	5,555	2,853	632	246	—	—
1922	5,285	2,432	759	504½	—	—
1923	5,731	2,343	885	1,040½	54¾	83
1924	5,986	2,311	1,067	1,167	25½	590
1925	6,683	2,467	1,317	1,788	127	1,016

The total quantity of Dried Milk distributed at the Centres at Cost Price was 6,683 lbs. and the quantity given free was 2,467 lbs. compared with 2,311 lbs. in 1924. The special scale of income adopted, beyond which persons were disqualified to receive Free Milk, has been maintained, and a Special Sub-Committee appointed by the direction of the Ministry of Health has revised all the applications periodically. This Sub-Committee has met and considered each application, some of them more than once. The total cost of the Free Milk during the year is about £160. Similar enquiries as to income are made of all applicants for the supply of Dried Milk, Virol, Ovaltine and Cod Liver Oil at cost price as in the case of Free Milk.

The following table gives the details of the various Child Welfare Centres which have been established by the County Council. Medical Supervision is provided at each centre.

At Carlton a Medical Officer is in attendance three times a week. At Stapleford a Medical Officer attends once a week. at Southwell, Balderton, Bingham, Radcliffe, Ollerton, Tuxford, Misterton, Eastwood, Kimberley, Selston, Ruddington, Beauvale and Lowdham, a Medical Officer attends fortnightly and at Cotgrave, Plumtree, Edwinstowe once a month.

#### TABLE OF WELFARE CENTRES.

Address.	Day of Opening.	Hours.
CARLTON, 576, Main Street ..	Monday	2—4 p.m.
(First opened October 31, 1917)	Tuesday	2—4 p.m.
	Wednesday	2—6 p.m.
Ante Natal Clinic ..	Wednesday	10—12 noon.
	(fortnightly)	
	Friday	2—4 p.m.
STAPLEFORD, Church School Room ..	Wednesday	2—4 p.m.
(First opened Nov. 29, 1917)	Friday	2—4 p.m.
*SOUTHWELL, King Street ..	Thursday	2.30—4.30 p.m.
(Transferred and re-opened June 26, 1918).		



BINGHAM, Market Street ..	..	Wednesday 2—4 p.m.
(First opened October 4, 1918).		(fortnightly)
		Thursday 10—12 noon.
		(fortnightly).
RADCLIFFE-ON-TRENT, Primitive Methodist Chapel ..	..	Thursday 2—4 p.m.
(First opened Nov. 27, 1919)	..	(fortnightly).
PLUMTREE, Memorial Hall ..	..	Tuesday 2.30—4 p.m.
(First opened Jan., 6, 1920).		(fortnightly)
MISTERTON, Victoria Institute ..	..	Tuesday 2—4 p.m.
(First opened December 1, 1919).		
BALDERTON, near Newark, Church Institute.	..	Thursday 2.30—5 p.m.
(Taken over March 20, 1920).		
EDWINSTOWE, Church Institute ..	..	Thursday 2.30—5 p.m.
(First opened July 13, 1920).		(fortnightly).
OLLERTON, Wesleyan Chapel ..	..	Wednesday 2—4 p.m.
(Opened August 1921).		
KIMBERLEY, United Methodist Free Church.	..	Monday 10—12 noon.
(Opened July 16, 1923).		
SELSTON, Congregational Chapel ..	..	Thursday 2.30—4 p.m.
(Opened July 16, 1923).		(fortnightly).
LOWDHAM, The Institute ..	..	Tuesday 2—4 p.m.
(Opened Sept. 18, 1923)		(weekly).
RUDDINGTON, The Village Hall ..	..	Monday 2—4 p.m.
(Opened, December 13th, 1923)		(fortnightly).
EASTWOOD, The Hospital, Church Street		Thursday 10—12 noon.
(Opened October 16th, 1924).		
TUXFORD, The Old Grammar School ..	..	Monday 1.30—4 p.m.
(Opened, December, 15, 1924).		
COTGRAVE, The Village Hall ..	..	Tuesday 2.30 to 4 p.m.
(Taken over February 24, 1925).		(fortnightly).
BEAUVALE, Primitive Methodist Chapel		Monday 2 to 4 p.m.
(Taken over 12th October, 1925).		(fortnightly).

\* This Centre has been open about two years previously as a Voluntary Centre.  
At first it was very successful but was afterwards closed.

At Carlton the average attendance was 37 per session.

„ Stapleford	„	„	39	„
„ Southwell	„	„	26	„
„ Bingham	„	„	27	„
„ Radcliffe	„	„	33	„
„ Plumtree	„	„	32	„
„ Balderton	„	„	28	„
„ Misterton	„	„	13	„
„ Edwinstowe	„	„	12	„
„ Ollerton	„	„	16	„
„ Lowdham	„	„	24	„
„ Kimberley	„	„	25	„
„ Selston	„	„	27	„
„ Ruddington	„	„	34	„
„ Eastwood	„	„	30	„
„ Cotgrave	„	„	23	„
„ Tuxford	„	„	18	„
„ Beauvale	„	„	18	„

In the following table is given an abstract of the number of home visits made during the past five years :—

	YEAR.				
	1921.	1922.	1923.	1924.	1925.
First visits to Infants and Children ..	2,840	2,614	3,320	3,648	3,383
Re-visits ..	21,911	24,870	28,673	31,696	32,087
Visits to Expectant Mothers ..	1,671	1,578	1,619	1,592	1,735
Other visits ..	1,261	1,715	1,912	1,199	1,818
	<hr/> 27,683	<hr/> 30,777	<hr/> 35,524	<hr/> 38,135	<hr/> 39,023

### FOOD AND DRUGS ACTS.

The County Medical Officer was not consulted in 1925 in any of the questions affecting the administration of the Food and Drugs Acts.

I am indebted to Mr. E. Templeman, the Chief Inspector of Weights and Measures, for the following information.

#### YEAR ENDING 31ST DECEMBER, 1925.

	Bought.	Submitted for Analysis.	Genuine.	Adulter- ated.
Baking Powder ..	19	19	19	—
Beef Dripping ..	1	1	1	—
Beer ..	19	19	19	—
Bi-carbonate of Soda ..	1	1	1	—
Borax ..	5	5	4	1
Bread ..	9	9	9	—
Butter ..	41	41	41	—
Camphorated Oil ..	1	1	1	—
Castor Oil ..	1	1	1	—
Cheshire Cheese ..	1	1	1	—
Chocolate Powder ..	1	1	1	—
Cocoa ..	22	22	22	—
Coffee ..	21	21	21	—
Corn Flour ..	1	1	1	—
Cream ..	2	2	2	—
Cream of Tartar ..	1	1	1	—
Custard Powder ..	4	4	4	—
Epsom Salts ..	6	6	6	—
Flour ..	7	7	7	—
Flour, Self-raising ..	7	7	7	—
Gin ..	47	4	0	4
Glauber Salts ..	2	2	2	—

	Bought.	Submitted for Analysis.	Genuine.	Adulter- ated.
Glycerine ..	3	3	3	—
Ground Almonds ..	3	3	3	—
Ground Ginger ..	15	15	15	—
Honey ..	2	2	2	—
Jam ..	6	6	6	—
Lard ..	29	29	29	—
Magnesia, Carbonate ..	1	1	1	—
Magnesia, Citrate ..	2	2	2	—
Margarine ..	23	23	23	—
Milk, Condensed ..	11	11	11	—
Milk, New ..	412	47	14	33
Mineemeat ..	1	1	1	—
Mustard ..	1	1	1	—
Oatmeal ..	3	3	3	—
Olive Oil ..	1	1	1	—
Pearl Barley ..	1	1	1	—
Pepper ..	25	25	25	—
Potted Meat ..	10	10	10	—
Rice ..	23	23	22	1
Rice, Ground ..	15	15	15	—
Rum ..	8	2	—	2
Rum and Coffee Essence ..	1	1	1	—
Sago ..	1	1	1	—
Sausage ..	12	12	12	—
Sponge Cakes ..	6	6	6	—
Suet ..	1	1	1	—
Sugar ..	1	1	1	—
Sweet Nitre ..	3	3	3	—
Tapioca ..	6	6	6	—
Tincture of Iodine ..	2	2	2	—
Tincture of Rhubarb ..	2	2	2	—
Vinegar ..	11	11	10	1
Vinegar, Malt ..	19	19	18	1
Whisky ..	79	5	—	5
Bulk samples of milk taken on appeal to cows ..	—	26	15	11
	958			
New Milk (Informal) ..	1014			
	1,972	496	437	59
Taken at Farms ..	470			
Received ..	871			
	3,313			

### MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.

The above Act which came into operation on September 1st 1925, imposed duties both on the local Medical Officer of Health and the County Medical Officer in relation to the supply of milk likely to cause tuberculosis. Full power is now given to prohibit the supply from such sources and the



County Medical Officer is authorised to arrange with any of the Veterinary Inspectors appointed under the Diseases of Animals Act 1894 to make inspections under the Milk and Dairies (Consolidation) Act 1915, and to pay such fees as may be necessary. In the short period of 1925 during which this Act was operative only one report was received. This was investigated and the cow concerned was dealt with by the Diseases of Animals Sub-Committee under the provisions of the Tuberculosis Order, 1925.

### **WATER SUPPLY.**

The most important event of recent years regarding water supply was the presentation on May 14th 1925, of a Bill before a Committee of the House of Lords by the Mansfield Corporation, which, in addition to seeking other extensive general powers, contained provision for the sinking of a well in the parish of Carburton. The Corporation at that time were dependent for their water supply on two wells (Clipstone and Rainworth) and it was evident that a large surplus of water would be available for the neighbouring districts if the powers sought by them were granted.

After many Conferences of neighbouring Authorities, including the Rural District Council of Blackwell in Derbyshire, with a view to allocating specified quantities to the Authorities concerned, followed by a lengthy hearing by the House of Lords' Committee the water proposals were disallowed.

Subsequently a Regional Joint Advisory Committee, with an independent Chairman appointed by the Ministry of Health, has been formed and consists of members of various Local Authorities in the Northern part of the County ("The Sherwood Area"). The Cities of Nottingham and Lincoln and the County Council of Nottinghamshire are also represented on this Committee, and at the time of writing meetings have already been held to consider the position of all the Authorities drawing water from this area.

Quite apart from the large demand on this underground reservoir, necessitated by recent colliery developments, it is more than probable that the consumption of water per head will gradually increase, and the conservation of adequate supplies for County needs is a matter demanding urgent and serious consideration.

During the last five years three Local Inquiries concerning loans for water supply have been held. In 1925 only one



such application was made by the Southwell Rural District Council on February 17th for the parish of Edwinstowe. The Council's proposal included the purchase of a small existing reservoir, (capacity 7,500 galls.), a quantity of pipe line and pumping plant (by ram) owned by Earl Manvers. It is intended to construct an additional reservoir to bring the total capacity up to 325,000 galls. which would give a  $2\frac{1}{2}$  days' supply to an estimated population of 6,500. The Council propose to sink a new well into the Bunter, and to instal a modern pumping plant.

### **RIVER POLLUTION AND SEWAGE DISPOSAL.**

The Inspection of Rivers and Streams and Sewage Disposal Works in the County has been actively pursued during the year. Accompanied by the Chairman of the Rivers Pollution Sub-Committee (Sir Lancelot Rolleston) I have had many interviews with Colliery Managers, Heads of Industrial Works, District Surveyors and Sewage Works Foremen, in an endeavour to secure their co-operation in assisting to prevent the pollution of the Rivers and Streams in the County.

The Special Survey of the River Trent, undertaken at the request of the Ministry of Agriculture and Fisheries, was repeated on July 16th and again on September 17th.

The points selected for taking specimens of the river were the same as in the previous year. In this Survey I have again been kindly assisted by Dr. Baxter, the Medical Officer of Health for Newark.

The specimens were submitted to Dr. Firth at the Nottingham University College for analysis, the results being forwarded to the Standing Committee on Rivers Pollution. Their Report on the Survey is as follows :—

*“ The main River Trent has steadily improved in its degree of oxygenation ; in mean values it may be regarded as a 4% river.”*

The survey of the River Erewash, which is a tributary of the River Trent, was undertaken by the Derbyshire Authorities. The stream is a source of pollution to the main river, the principal contributing factor being the effluent from the coke ovens at Pinxton. The bed of the stream is badly silted with coal dust causing many stagnant pools. It pursues a very tortuous course and is much obstructed by fallen trees, &c.

The Report of the Standing Committee on the Survey of the River Erewash states "*the mean value for the whole river based on all surveys is 44% of the Oxygen saturation value.*"

The Survey of the River Trent and its tributaries will be repeated during 1926.

The test applied to the specimens of water taken in connection with this Survey is the estimation of dissolved Oxygen. No Standard for a river water is laid down, but in the \*Report of the Royal Commission on Sewage Disposal, great stress is laid on the necessity for a high concentration of dissolved oxygen, and it is suggested that the saturation value should never be less than 60%. It is furthermore stated that it would probably be wise to aim at a higher figure and 70% is suggested as a desirable minimum.

Dealing with the subject of Industrial Pollution, it is satisfactory to be able to record that much useful work has been accomplished during the year.

The principal sources of pollution are the Colliery Coal Washing Plants in the North and West of the County. The steps taken to prevent coal dust escaping into the streams are in the main effective, but constant vigilance is necessary in order to maintain a reasonable standard of purity of effluent.

A further source of pollution is the effluent from the manufacture of Beet Sugar. Very considerable quantities of water are used in the industry, which ultimately have to discharge into a stream or river. The effluent contains a large quantity of organic matter capable of oxidation. As there is every probability of the industry increasing it is essential that effective steps should be taken to treat the effluent before being discharged.

## SEWAGE DISPOSAL.

It was not possible to inspect the whole of the Sewage Disposal Works in the County during the year, but twenty visits of inspection were made and improvement can be claimed in many instances.

The extensive works at Sutton-in-Ashfield have been completed and now produce a satisfactory effluent. Considerable extensions at Mansfield have been undertaken and additions made at Beeston.

Four Local Inquiries by the Ministry of Health were held during the year for sanction to borrow sums of money



for sewage disposal purposes. The following are the details in brief :—

Date.	Authority.	District.	Proposed Expenditure.
1925.			£
Jan. 14.	Basford Rural District Council.	Newstead.	7,856
May 26.	Skegby Rural District Council.	Skegby.	17,800
Aug. 6.	Ditto. Ditto.	Blidworth.	17,000
Nov. 4.	Worksop & Blackwell Rural District Councils and the Bolsover Urban District Council.	Langwith & Derbyshire Parishes.	18,500

Three of the Inquiries were in consequence of Colliery Developments. At Newstead the scheme provides for the drainage from 300 houses to be erected by the Industrial Housing Association.

At Blidworth 800 houses were in course of erection by the Colliery Company, which would be increased to 1,200 as developments in the coal field proceeded.

The joint application of the three Authorities mentioned above was on account of the inadequacy of the existing works—due principally to the erection of 200 additional houses by the Sheepbridge Coal and Iron Company in the District of Bolsover.

The Skegby scheme embraced the whole of the Rural District west of Mansfield, the intention being to abolish four of the five existing small and inefficient works scattered throughout the District and centralise the sewage disposal plant as the works known as “ Dawgates.”

On November 18th, 1925, new works for dealing with the sewage from the Urban District of Long Eaton in Derbyshire, but situated within this County, were formally opened. The effluent discharges into the River Erewash.

The number of samples of sewage effluents, river waters and trade effluents, collected and examined in the County Laboratory, was 70. In addition 12 samples were submitted to Dr. Firth at the Nottingham University College, for special examination and report. Of these 42 were samples of river waters, 35 were effluents from sewage disposal works and five were Trade effluents.

The tests usually applied to the sewage effluents include the estimation of Oxygen absorbed in four hours, the amount of Chlorine and Nitrates in parts per 100,000.

The standard adopted in this County for classifying sewage effluent is as follows :—

	(Oxygen absorbed). (parts per 100,000)
Good effluent less than ..	1·0
Fair effluent from ..	1·0 to 1·5
Unsatisfactory effluent ..	1·5 to 2·0
Bad effluent ..	2·0

In addition a good effluent should contain at least 0·5 part per 100,000 Nitrogen as Nitrates. Of the 35 specimens examined during the year

16 were classified as Good			
8	„	„	Fair.
4	„	„	Unsatisfactory.
7	„	„	Bad.

### HOUSING AND TOWN PLANNING.

Your Committee appointed representatives on the Regional Town Planning Advisory Committees for Nottingham and District and also Mansfield and District, and the following Local Authorities in the County have passed the necessary resolution to prepare a Town Planning Scheme and have forwarded a certified copy of the same, together with Map No. 1, to the County Council :—

Boroughs—Mansfield.

Urban District Councils—Arnold, Beeston, Carlton, Hucknall, West Bridgford, and Mansfield Woodhouse.

Rural District Councils—Basford, Bingham, Leake, Southwell (two schemes), Stapleford, Shardlow (Nottinghamshire Parishes).

In addition the Nottingham City Council have also forwarded particulars of their own scheme for the information of the County Council.

The Bingham Rural District Council have subsequently revoked their resolution to prepare a Town Planning Scheme, and have retired from the Nottingham and District Regional Town Planning Advisory Committee.

At the time of writing the preliminary statement, as defined by the regulations, has been received from the City of Nottingham, Carlton Urban District Council and Basford Rural District (District No. 5, comprising the Parish of Gedling).

In October 1925 your Public Health Committee requested the Clerk of the County Council to ascertain from the Local



Authorities in the County, the present position as regards housing, and what steps have been taken to remedy the housing needs of the population since the war, and the following is a summary of the replies from 20 out of a total of 26 districts in the County :—

Houses provided by Local Authorities	1,156
Houses provided by private enterprise ..	5,775
Houses still required .. ..	2,138
Outstanding applications .. ..	1,844
Old houses needing repair or Closing Order	871
Advances for construction of houses ..	117
Advances for acquisition of houses ..	40
Guarantees to Building or other Societies	7

The general impression given by the replies to the questionnaire was that private enterprise was contributing very largely to the solving of the housing problem.

After reviewing the situation as a whole, your Public Health Committee expressed the opinion that it did not appear necessary for the County Council to formulate an extensive Housing Policy.

The colliery companies in the west of the County, where extensive developments are taking place, have contributed largely towards the provision of houses for their workers, and already nearly 3,000 houses have been built out of an estimated number of 9,698 to be eventually erected.

The following details of the Districts where Colliery Developments are taking place, together with particulars as to the progress of Housing Schemes, are of interest.

A Table is also shown giving the number of houses erected in each of the Urban and Rural Districts during the past five years.

District.	Houses already constructed.	Total number of houses to be eventually constructed.
Bilsthorpe ..	122	1,300
Blidworth ..	500	1,200
Boughton ..	44	54
Clipstone ..	335	600
Edwinstowe ..	67	956
Harworth ..	400	2,000
Langold ..	267	1,500
Newstead ..	200	300
Ollerton ..	194	1,100
Rhodesia ..	184	184
Rufford ..	98	98
Warsop ..	169	456
	<hr/> 2,580 <hr/>	<hr/> 9,748 <hr/>

TABLE SHOWING THE NUMBER OF HOUSES ERECTED DURING  
THE FIVE YEARS 1921-1925.

District.		By the Local Authority.	By Private Enterprise.	By Colliery Companies.
Mansfield .. ..	..	401	467	—
Newark Borough ..	..	131	180	—
East Retford Borough ..	..	2	96	—
Arnold .. ..	..	12	236	—
Beeston .. ..	..	124	181	—
Carlton .. ..	..	260	398	—
Eastwood .. ..	..	40	49	—
Hucknall .. ..	..	40	149	—
Huthwaite .. ..	..	4	11	6
Kirkby-in-Ashfield ..	..	52	115	130
Mansfield Woodhouse ..	..	108	175	22
Sutton-in-Ashfield ..	..	60	169	—
Warsop .. ..	..	24	71	169
West Bridgford .. ..	..	66	730	—
Worksop Urban .. ..	..	86	92	184
Basford .. ..	..	—	639	200
Bingham .. ..	..	35	192	—
Worksop Rural .. ..	..	—	87	667
East Retford Rural ..	..	—	73	—
Newark Rural .. ..	..	—	54	—
Leake .. ..	..	—	62	—
Misterton .. ..	..	—	32	—
Skegby .. ..	..	—	—	500
Southwell .. ..	..	—	45	860
Stapleford .. ..	..	28	217	—
Shardlow .. ..	..	—	2	—
		<hr/> 1,473 <hr/>	<hr/> 4,522 <hr/>	<hr/> 2,738 <hr/>

### BLIND PERSONS ACT.

The Blind Persons' Act has been continued to be administered through the Royal Midland Institution for the Blind and the Nottinghamshire Association for the Blind.

The Home Teacher, Mr. Bartlett, was replaced by Miss Wing in April 1925, and although authority was obtained for a second Home Teacher towards the end of 1925, it was not possible to obtain a suitable candidate until February, 1926, when Miss Forster was appointed.

It is proposed that one Home Teacher should reside in Mansfield and the other in Nottingham, in order to obviate unnecessary travelling.

Your Committee made a grant of £300 to the Royal Midland Institution for the Blind, for the financial year ending

March 31st, 1926. The grant is apportioned as follows :—

£150 towards the augmentation of Home Workers' wages

£50 towards the augmentation of wages to workers in  
the Institution who reside in the County.

£100 towards the salary of the Home Teacher.

The Nottinghamshire Association for the Blind also received a grant of £150, which has been increased during the present year to £250.

It should be clearly understood there is very close liaison between the two associations, and all the meetings of the County Association are held at the Royal Midland Institution for the Blind. The County Association has a very small list of subscribers, and it is necessary to rely on the grant from the Midland Counties' Association for the Blind, which varies according to the funds available, and the grant from the County Council.

There are, unfortunately, many blind persons of advanced age in the County, who have little to depend upon beyond the Blind Pension, and although the County Association are giving what assistance they can to relieve these people, their financial position is not sufficiently strong to deal with the whole of the cases coming to their knowledge.

The number of blind persons in the County at the end of 1925, so far as it has been possible to ascertain, was 293. This is small compared with the City of Nottingham. Every endeavour is being made to register all the blind persons in the County, and special inquiries have been made at the county elementary schools, and when the two Home Teachers are fully employed. I hope it will be possible to say with some degree of accuracy what is the actual number of blind persons residing in the County.







